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ABSTRACT

This sourcebook contains ASSIST training materials designed to prepare paraprofessionals for their role as teacher aides in classes for handicapped preschool children. The preservice portion of the training program focuses on the special relationships the instructional associate has with the teacher, the preschool, and the child. Chapter I presents information on the responsibilities of instructional associates, with discussion of the role of the teacher aide, relations to other staff, relationships with parents and community, and regulations and procedures. Chapter II presents an overview to preschool programs, including sections on the importance of preschool, advocates for handicapped children, the newly acquired legal rights of handicapped children, different types of preschool programs, different preschool philosophies, and issues related to serving handicapped children. Chapter III looks at developmental skills and how handicaps affect development. The inservice portion of the training program is divided into six instructional units. The first unit on the instructional process sets the foundation for the remaining units. The other five units focus on the major developmental skill areas: motor, language, social, personal autonomy, and pre-academic. Each unit presents basic facts of child development, information on common handicapping conditions that influence the rate of individual growth, and examples of application of the instructional process within its skill area. Self-checking exercises for the paraprofessional are also included in each unit. (JMB)

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ASSIST

Associate Instructional Support for Teachers

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SOURCEBOOK FOR INSTRUCTIONAL ASSOCIATES

ASSIST PROGRAM 3

PRESCHOOL

ASSIST: Associate Instructional Support For Teachers

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The use of feminine gender terms or any titles that connote feminine gender in these materials is merely for convenient reference to people of both sexes and should not be construed as implying sex limitations.

A JOINT DEVELOPMENT PROJECT

OF THE

INDIANA UNIVERSITY DEVELOPMENTAL TRAINING CENTER

AND

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DIVISION OF SPECIAL EDUCATION

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This book is dedicated to the process of change:
for it is only through change that all individuals are free to be.

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PREFACE

What is ASSIST? How Does It Help?

ASSIST is a training program that has been designed especially for you — to prepare you for your role as an instructional associate. If you are a new instructional associate, ASSIST will provide you the basic knowledge and skills necessary to be a valuable member of the educational team. If you are an experienced instructional associate, ASSIST will provide some new skills and strengthen the knowledge and skills you have already acquired. In the process of developing these materials, we spent much time talking and working with paraprofessionals, teachers, program directors, and early childhood special educators to be sure this program matched your needs.

The overall objectives of the program are to provide you with knowledge of:

1. The role of a paraprofessional as an instructional associate, the role of a teacher as a program manager, and the ways in which both of you work together for the benefit of the children.
2. Past and current trends in society's beliefs and attitudes toward handicapped children and how these beliefs and attitudes affect programs and services for the handicapped.

and skills in:

1. The implementation of your instructional and instructionally related preschool duties.
2. The implementation of your non-instructional preschool duties.

ASSIST Materials

ASSIST is a coordinated program of training. Each package contains a *Sourcebook for Instructional Associates*, and a *Teacher's Guide*.

The Sourcebook is for you. Read it. Use it. Write in it. Make comments about it. It is a *sourcebook* — a book which you can re-read at your leisure or when you have questions.

It is divided into two parts: Preservice Training and Inservice Training. The Preservice portion of your Sourcebook has been divided into three major sections with several sub-sections. You should read the preservice section before you begin work or just as you are beginning. In the preservice section, you will receive general information which will help you serve preschool handicapped children more effectively.

Inservice starts after you begin work. The Inservice units teach the skills necessary for being a helpful instructional associate. Inservice has six major instructional units with several sub-units. Since these units are self-paced, you may spend more time on some units than others. How much time is spent on each unit should be decided by your teacher, who will be your inservice trainer, and yourself.

Even though most of the reading will be done on your own, your teacher is your trainer. She may decide to spend more time on some units than on others to make sure the training is relevant to your classroom. Most importantly, she will pace the training so that it does not interfere with

your everyday duties. You will find that the ASSIST training will take some of your time — any effective training program will. Every effort has been made, however, to make sure the training is neither a burden for you nor your teacher.

In the *Sourcebook* for each instructional unit, there are self-checks called Assist Activities. These are not tests but a way of helping you understand the material better. The *Teacher's Guide* is identical in content to your *Sourcebook*. Additional notes to the teacher regarding activities and suggestions for the training have been included in her *Guide*.

Summary

As comprehensive as ASSIST may be, you still may have questions and concerns about your preschool or classroom that are important to you. You may work in a public preschool program, a Mental Retardation or Developmental Disability Center, a Headstart program, Model Preschool Program, etc. You may work in a city or in the country. You may work in a preschool that serves some special children or in a class that serves special children only. You may work with severely handicapped children or mildly handicapped children. You may work with several other teachers as well as your trainer. Since your teacher is your primary trainer, she will provide you with specific information, suggestions, and ideas to help make ASSIST work for both of you in your particular situation.

FOREWORD

So you've decided to become a teacher's aide in early childhood special education. Special education is a challenging and rewarding field. At present, the education of students in special education is undergoing a period of change. As educators, we are searching for new and more effective methods, materials, and personnel to work with students who have been labeled special, exceptional, or handicapped. If appropriately planned and carried out, these changes and innovations will bring about a new world — a world of acceptance, understanding and new opportunities.

You, as an instructional associate, are part of the emerging philosophy of special education. In the past, paraprofessionals were generally not considered members of an educational team, and for that reason, received little or no training. Training is not necessary to clean the classroom, collect field-trip money, and complete the other non-instructional tasks which, in the past, aides have been required to perform. It is our belief that while these activities are necessary for the smooth functioning of a classroom or learning environment, these are duties that should be shared by everyone in the classroom. However, ASSIST extends your role, and that of your teacher beyond traditional boundaries. You will have noticed that the term "instructional associate" has been used in the title of your training program. We believe that if you are to make a genuine contribution to the teacher and children with whom you work, you must be directly involved in instruction. For this reason, your training program is designed to develop the knowledge and skills necessary to assist you in becoming a valuable member of the educational team. While you and your teacher have different functions and roles in the classroom, together you form an instructional team. Your teacher is the program planner, and you are the associate in implementing the plans that she designs.

Your role as instructional associate reflects a new challenge to school administrators and personnel. This is a challenge which can make a great contribution to the field of special education. You are part of the changing force of special education, and as such you are viewed as a valuable, needed, and important person.

It is our hope and belief that through ASSIST you will develop and bring to the teacher and students a set of skills and competencies that have never before been realized with paraprofessionals.

H.J.S.

G.A.B.

Bloomington, Indiana
August, 1972

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PRESERVICE TRAINING

PART 1

OVERVIEW TO PRESERVICE

The preservice portion of the training program focuses on the special relationships you have with:

1. The Teacher
2. The Preschool
3. The Child

You will learn how you as an instructional associate will work with your teacher and the students in both instructional and non-instructional areas.

You will examine how you as an instructional associate should relate to your preschool, your co-workers, and the children's parents.

Before you can work with and feel at ease with the children, you must know something about them. You will learn that each child is a unique individual with different abilities, motivations, and problems. You will learn how preschool instruction and activities should relate to the particular needs of each child.

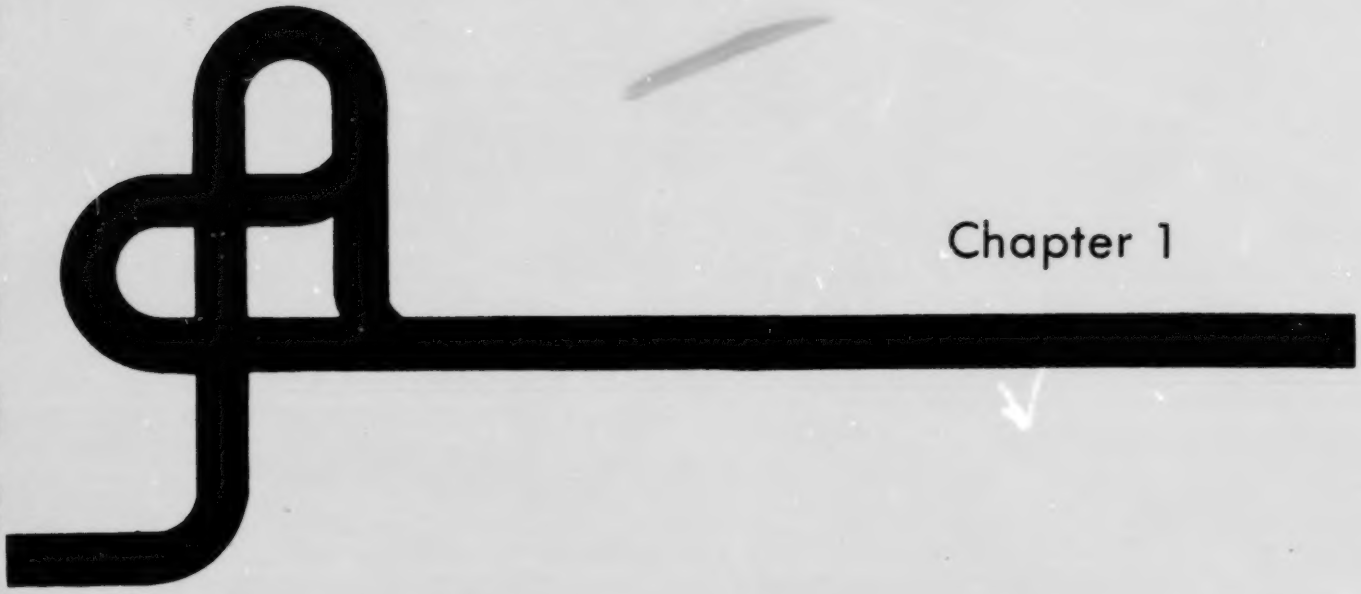
You will gain an understanding of child development and how handicaps affect development.

You will learn about some of the newly acquired legal rights of handicapped children.

You will be introduced to the instructional process and will learn how to:

- effectively relate to handicapped preschoolers as individual persons
- effectively deal with instructional problems
- effectively use instructional materials

Finally, you will have an understanding of the field of early childhood special education — its history, future, and your role in it.



Chapter 1

THE RESPONSIBILITIES OF INSTRUCTIONAL ASSOCIATES

Authors: Donald Noble
Richard White

INTRODUCTION

This book has been written to help you, the teacher aide who works with handicapped preschool children. Whether you are just beginning a new career as a teacher's aide or are an experienced aide, this sourcebook will be of value to you. In your role you will be working primarily with teachers and children. Your main concern and goal is to help children learn and develop to their maximum potential.

You will find that children will vary a great deal in their developmental levels and their ability to learn. For example, one child may talk very well, but be unable to perform physical skills nearly as well as she speaks. Another child's motor skills may be highly developed, but she speaks very little and does not play with other children. We all have seen and expect such differences within and among children.

All children can develop and learn, but some children experience more difficulty than others. Some children are mildly handicapped, others severely handicapped. Even though handicapped, these children are still able to develop mentally, physically, and socially.

Developing learning activities and programs for these handicapped children presents problems, difficulties, and challenges for the instructional associate and teacher who work with handicapped children. The primary objective of this *Sourcebook* is to help you meet those challenges and help handicapped children develop.

COMPLEMENTARY ROLE

Extension of Teacher

You may be about to begin a new career as a teacher's aide in preschool, or you may be an experienced aide looking for more effective ways to work with preschool children. Whether you are a new or experienced paraprofessional, you are an important and needed person. Your major role is to assist your teacher by bringing to the classroom your present talents and skills and then acquiring new knowledge and skills that will make you a more effective member of the classroom team. As an extension of your teacher, you will utilize these abilities by providing direct assistance to children and by performing tasks which will free the teacher's time to fulfill her functions.

In your job, you may be called by many different titles and labels. You may be referred to as a teacher's aide, a paraprofessional, a classroom assistant, or simply an aide. Regardless of the label attached to you, you have a special relationship to the teacher, the children, the school, agency, or center. The value of the contribution which you make depends on the interest and enthusiasm you bring to your job.

Paraprofessionals Help

One example of the importance of paraprofessionals is found in medicine. The medical profession has had paraprofessional nurses or licensed practical nurses for quite some time. Although these paraprofessionals do not possess all the skills and knowledge of doctors and registered nurses, they have demonstrated their importance by using their complementary skills and knowledge to provide needed help to the physicians, nurses, and to the patients directly. There is evidence to show that paraprofessionals, although somewhat new to education, can make a similar valuable contribution. Paraprofessionals within education have been successful in providing

assistance to children and teachers. They have demonstrated that they are an important and valuable resource.

Historical Overview

Historically, aides in education were used primarily as teacher assistants for clerical and classroom housekeeping activities. It was believed that if aides could keep classroom records, decorate bulletin boards, and keep materials in order, the teacher would then have more time for planning learning programs and activities. Aide programs such as these often used volunteer mothers and high school students to work as clerical assistants.

The use of salaried aides became more common during the 1960's, but the ways in which they were utilized did not vary much from the volunteers of the 1950's. Training programs for aides usually focused on only the non-instructional aspects of the position. This training, if it occurred at all, usually took place one or two days prior to the start of the program, with little or no on-the-job or inservice training. Such training undoubtedly limited the teachers' opportunity to utilize paraprofessionals for the maximum benefit of the children.

Philosophy of ASSIST

Although you will be expected to perform certain of the non-instructional tasks which have just been described, it is the philosophy of ASSIST that the major contribution you can make as a paraprofessional is to assist your teacher by providing learning experiences for children, and by helping in the preparation of learning materials and resources. It is the goal of ASSIST to prepare you to work as a team member with your teacher by spending most of each school day working with the children, providing them meaningful learning experiences.

Goal of ASSIST

Since many of you are already interacting with children the majority of each day, or soon will be, this training is designed to help you work with children more effectively. Since your training will prepare you to use the major part of each day interacting with children in partnership with your teacher, you are called an "instructional associate" . (Many educational teams have begun to use the abbreviation "I.A.", to make day-to-day conversation easier.) This more than most other titles, truly reflects your complementary role to the teacher. In your program, however, you may be called an aide or classroom assistant. Remember, it is what you do that is most important, not what you are called.

You are an Instructional Associate

This is not to say that you can, or even should, perform all the activities which your teacher performs. Nor does your title imply that you have all the knowledge which your teacher has acquired from college training and classroom experience. The ultimate responsibility of the teacher is that the children learn, and that learning programs be developed to enable each child to reach this goal. It is her responsibility to utilize school, agency, or center personnel, community resources, and parents to implement such programs. It is your responsibility to assist the teacher as best you can by fulfilling obligations agreed to through ongoing discussions between the teacher and yourself.

To do this you and the teacher must relate effectively and professionally with each other. Your teacher, who has the responsibility for developing a learning program for each child, must view you as a resource and extension of herself and not another person in the room to plan for and continually supervise. If your teacher must frequently stop her activities to remind you to begin an activity or search for materials which she has asked you to prepare, you probably will not be viewed as a complementary and needed person.

Expectations

Anytime we begin a new job with new people, it takes awhile to learn the routine and learn what is expected of us in the job. However, if you take time to observe your teacher, learn the daily routine and learn what is expected of you at specific times each day, then things will begin to fall into place for you. You will need to learn to ask for assistance in ways and at times that do not interrupt the teacher's activities. You will need to follow to completion any directions or requests from the teacher. You will need a clear understanding of your responsibilities, and you will need to stay within the boundaries of the role responsibilities agreed upon by you and the teacher.

Partnership

For you and your teacher to develop a partnership, it is helpful for you to talk to each other, ask questions, and share ideas in a manner that is honest, positive and constructive. It is helpful to discuss any ideas or questions you have about these materials with your teacher. The amount of interaction

between you and your teacher will vary from situation to situation. Some of you may have a certain amount of planning time set aside each day while others may have very little available time. Since available planning time is limited in many cases, it does not require a great amount of time to use these materials. They are designed so you can work through them by yourself at your own pace. It is not necessary to read an entire chapter at a time and often you may only have time to read two or three pages. Although interaction between you and your teacher is helpful and encouraged, your teacher's time is limited, and many of you will have to work through the materials with limited aid from your teacher. Some periodic discussion is necessary, however, for your team to grow.

After working through these materials, you will be able to better understand and discuss with your teacher the goals of the learning programs for each child, work with groups of children, evaluate what you have done, and share your ideas with your teacher. You will be well on your way to developing yourself as an instructional associate and viewed as a more skilled and vital member of the educational team.

RELATING TO OTHER STAFF

You and your teacher form the heart of the educational team, working together to help children develop. Each member of the team, regardless of title or position, contributes to the educational and developmental goals of the child. As an instructional associate, you have special professional responsibilities. You are expected to relate to your colleagues, children, and persons outside your school or agency in a professional manner. The behaviors and attitudes that you exhibit have an effect upon others.

Understand Their Contribution

Get to know the names and responsibilities of the other members of the educational team. Your preschool will probably have a director or coordinator responsible for the overall direction of the preschool program. Your preschool may have access to a psychologist, physical therapist, occupational therapist, speech therapist, nurse, dietician, etc. The degree to which you interact with other personnel, will depend on your experience, previous training, and your preschool situation. By demonstrating concern for the responsibilities of these individuals, you will gain a greater appreciation of your preschool program and the respect of the other staff members as well. During inservice, you will gain an understanding of the contribution these professionals make in programming for handicapped children.

Be Cautious

In your job, you will probably read and hear information about children that is confidential. It may be the results of tests, financial information, or something another staff member has told you. You must be careful with whom you share what you have learned. There will be times when it is appropriate to share such information and times when it is inappropriate. You should discuss confidential information with your teacher or other teachers and staff members only if the information is relevant to the child's program and growth. If the information is not directly related to a child's program or growth, then you should always exercise discretion in discussing it.

Ask the Teacher

Confidentiality and respect for the privacy and rights of others are not limited to your interactions with other staff members. There may be times when you will meet social workers, nurses, community counselors and others who may work directly or indirectly with your children. You may also meet parents in social situations or school settings. Parents or friends of parents of your children may in good faith ask you questions about the progress or problems a child may be experiencing. The teacher is the most appropriate person to discuss the child's progress and problems. Generally, you should direct any questions about a child which entail sharing of confidential information to the appropriate teacher. Many times, however, your teacher may request your input and suggestions for certain parent conferences, case staffings and discussions. Many times, you will be asked to take an active role in communicating with parents.

RELATIONSHIPS WITH PARENTS AND COMMUNITY

The Roles of Parents

Learning and development does not occur only between the walls of a classroom. The education of any child is a shared responsibility. It is the responsibility of the parents as well as all of the teachers, I.A.s and staff members of your center, preschool, or agency.

In most states, preschool educational programs are required to involve parents in the education of handicapped children. Parents now have the right to know what is happening in the preschool. They have a right to provide input into the decisions made about their children, and they have a right to challenge any decisions with which they cannot agree.

Most preschool programs enthusiastically support these rights of parents and welcome parental contributions. Parents can and have contributed to preschool programs in three major ways: 1) as instructors 2) as planners and 3) as advocates. As instructors, parents often help the child practice skills at home which were acquired at preschool. Properly informed and equipped parents can provide practice opportunities at home for their children in many school-related activities. By having parents contribute in this meaningful way to their children's development and education, many parents achieve an improved sense of appreciation for the educational team's efforts. Indeed, the ability of the child to use skills learned in preschool at home and in the community is a very important part of the learning process.

As planners, parents can provide the educational team invaluable information about their child. With this information, teachers can devise much better educational programs. As advocates, parents have played a crucial part in the struggle for more and better preschool programs. This contribution will

be discussed in greater detail in the section, "Advocates for Handicapped Children", in Preservice Chapter 2. Obviously, establishing rapport with parents is necessary. Naturally, some parents will be more able and willing to complement the school's efforts than others. The contributions of all parents, however, should be respected and encouraged.

Special Parents Have Special Needs

Parents learn that their child has a handicapping condition in different ways. For some it is obvious at the moment of birth. In some families their child's handicap is the result of a serious illness or accident. Others do not become aware of any problem until their child enters school.

Every family has its own way of dealing with the fact that their child is handicapped. The discovery of the fact that a child has a handicapping condition may have a great impact on the family's life style. Not every parent reacts to this information in the same way. Feelings of shock, anger, guilt, depression and loneliness are just some of the emotions that a parent may experience.

Parents may express their reaction to the handicapped child in a variety of ways. Relationships with spouses, relatives and friends may change. Some parents may start devoting all their time to their handicapped child. Overprotection and anticipation of the child's every need is another way parents may react to the problem. Looking for "the cause" of the handicap is the way some parents spend much of their time. Others spend a lot of time in self-pity and may withdraw from their usual activities.

Be Considerate

In the beginning, these are some ways parents may deal with the knowledge that their child is handicapped. They are trying to ease their distress and hurt. But parents can be helped to restore their normal home life. They should be helped to cope with the problems more effectively.

Unfortunately, social pressures and myths often increase the hurt. Society often holds unreal expectations for special parents. Special parents are expected to furnish more love, more effort, and more attention without expressing feelings of being tired or harried. Then there are countless forms for the insurance company, for the hospital, for the government, for this agency and that agency. There are the extra bills for medical and other treatments that other parents do not need to pay that special parents must pay with too little financial aid.

Getting professional help has not even been easy. Too often, parents have

had to see many different professionals from many different agencies who did not attempt to coordinate their efforts or records. Many could not or would not discuss the child's problems in clear understandable language.

Most educators of handicapped children are very angered over these abuses of special parents. Teachers are trying to involve parents in the planning and instruction of their children without being unrealistic and asking too much. They are trying to coordinate their efforts with other professionals. They are trying to communicate clearly the results of assessment and evaluation, pointing out the child's strengths as well as weaknesses. Above all, they listen and serve as best they can. You must model your teacher's efforts in these matters.

The amount of contact you have with parents is dependent on several factors: your length of time on the job, your experience, the situation, and how large a role your teacher wants you to play in communicating the program to the parents. Once you have been on the job a sufficient length of time and gained more experience, and if the situation is appropriate, then, your teacher may involve you more in communicating with parents.

If your teacher does decide to have you interact more with parents, there are several things to keep in mind. You should be able to present yourself in a warm but professional manner each time you relate to parents or guardians. The teacher, it should be remembered, is the appropriate individual to discuss the child's problem with a parent. However, you should be able to discuss a child's program with the parents and answer many of their questions, if so directed by the teacher. If parents ask a question you cannot answer, honestly tell the parents that you do not know the answer. Explain that you will forward the question to the teacher and provide them the teacher's response as soon as possible. You are not expected to know all the answers, but you are expected to

communicate honestly, act on requests quickly, and above all, listen.

If your teacher asks you to make frequent contacts with children's parents, either by phone or home visit, make the home contacts purposeful. Obtain or share only relevant information. Keep a record of your home contacts and share this information on a regular basis with your teacher. Clearly, positive sharing must occur between parents and school personnel.

Be Supportive

Remember, you do serve as a natural link between your preschool environment and the community. Especially if you are from the community, you bring a knowledge of its cultural traditions to the preschool. You can serve as a resource person, interpreting the values and goals of the community to the teachers and staff members who may not live nearby. You also can help to promote community involvement with your preschool by explaining the program goals and objectives and describing the activities of your preschool to friends and neighbors.

REGULATIONS AND PROCEDURES

Preschool Procedures

Any organization must have procedures and regulations to operate efficiently and effectively. This is also true for your agency, preschool, or center. There must be specified regulations on what to do and procedures on how to do them. This information is usually contained in a school or agency handbook which you will probably receive at the beginning of your employment. These handbooks typically have sections concerned with: 1) organization guidelines for the preschool, 2) emergency procedures for fire drills, accidents, seizures, and sickness, 3) guidelines for clerical and routine duties such as bus and lunch duty, 4) personnel policies such as sick leave, arrival and departure time, and holidays.

Questions

If your preschool does not have a handbook, or if the existing one does not contain this information, ask your teacher. There are other questions you should ask your teacher such as: Do I attend professional meetings? Do I have a probationary period of employment? What is the policy of giving medication to students? What are my rights as an employee? Many more questions will probably occur to you once you begin working.

Changes

Each preschool/agency has a daily routine of activities, but at times a special or unanticipated event may cause a change in the routine. If your preschool has a bulletin board or mailboxes in the administration office areas, such changes in activities or schedules are often written in daily memos which are posted on the bulletin board or placed in your mailbox. If your preschool has this kind of arrangement, check daily, before and after school. By doing this, you will be aware of any schedule or activity changes that may affect your normal routine.

There are some general preschool procedures which should always be followed. Always arrive on time. You will need time to organize and plan your work for the day. If you will be late or absent, notify the main office so your teacher can plan accordingly. Your help is needed and counted on by the teachers and children, so good attendance is essential. Many preschools have a dress code. If your preschool has one, use good judgement in following it. If your preschool does not have an established dress code, you should dress in a professional manner and according to what is appropriate for the activities in which you will be involved. Your teacher will serve as a good model in following the dress code.

Accept Your Obligations

How you go about handling these general procedures will reflect your concern for your responsibilities. Your role as an educator and a person who is responsible for the development of children requires that you accept and meet your professional obligations. Demonstrating knowledge of daily school routines, general procedures, and policies is another way of making yourself a valued member of the total preschool program.

Classroom Rules and Routines

Just as every preschool has procedures and regulations to operate effectively, every classroom has certain rules and procedures. If a classroom is chaotic and disorganized, children's behavior will reflect that environment. You must be very careful, however, in your judgement of what at first appears to be an unorganized classroom without rules. Some preschool programs encourage a "free play" approach to learning which may on the surface appear to be an environment without rules and organization. This approach allows the child more freedom to move about the room, interact with other children, and choose activities. Behind this open or free atmosphere, however, the teacher has organized and structured the environment to provide the child learning experiences that are appropriate for her skills and abilities. When children perceive the preschool classroom as a place for learning, there is a greater chance they will act accordingly. You need to know the classroom rules and routines and the reasons behind them. Most teachers attempt to establish just enough classroom rules to promote positive classroom behavior, but not so many that the classroom is a rigid, strict, and unhappy place. If the rules are too strict, the classroom ceases to be a place for search, discovery and learning.

To promote positive behavior in children, teachers also establish classroom routines. If the routines become too repetitious, the resulting boredom can

become a source of negative behavior. On the other hand, if there are no routines, children do not know what to expect. This can lead to feelings of insecurity for some children which can lead to negative behavior. You need to follow and support the rules and routines established by the teacher. It is through these rules and routines that positive student behaviors will be encouraged and maintained.

Positive Relationships with Children

You will be a major factor in the classroom environment. Your goal is to establish positive human relationships with the children. If the children perceive that you care for them, they will try to please you. You may become a source of motivation for the children to acquire positive behaviors. Positive human relationships are much easier to develop if your behavior is consistent.

If your behavior is not consistent, the children will not know what to expect from you. You can then become a source of confusion rather than a source of stability in their lives. During Inservice, you will learn specific strategies for motivating children.

SUMMARY

We have said that your main concern is to help handicapped children learn and develop to their maximum potential. You will encounter problems, difficulties, and challenges in your role as an instructional associate. You are a valuable resource to the teacher, spending most of each day providing meaningful learning experiences to children and helping your teacher develop learning activities and programs. This *Sourcebook* will help you in acquiring

and developing the skills and knowledge needed to perform the duties described above.

Being an instructional associate in a preschool requires you to take on the responsibilities that accompany the role. Your primary role will be that of providing meaningful learning experiences for children, serving as an extension of the teacher. When not actually working with the children, you may serve as a resource to the teacher by helping her develop learning activities and programs. You not only help and guide children in their learning, but you also are a motivator of positive behavior. By being consistent in your behavior and displaying a genuine interest in children, you serve as a model which helps children acquire positive behaviors and form healthy human relationships. Depending on your teacher, your experiences and skills, and the situation, you may also play a role in communicating with parents. You may interact with parents or guardians and be a communication link between the preschool and the home.

These various roles involve new responsibilities. In your job, you will read and hear information about children that is confidential. You must know when and with whom it is appropriate to share confidential information. If you do have occasion to communicate with parents, you are expected to communicate honestly and refer questions you cannot answer to the teacher. Your preschool or agency has certain regulations and procedures which should be followed. How you go about handling these procedures reflects your concern for your responsibilities. You role as an educator and as a person who is responsible for the development of children requires that you maintain and accept your professional obligations. The rules and routines that your teacher has established in the classroom should also be followed. It is through your support of these rules and routines that positive behaviors will be encouraged and maintained.

Once you are able to perform these varied roles and assume the responsibilities that accompany them, you will be well on your way to developing yourself as an instructional associate and to being viewed as a more skilled and vital member of the educational team.

ASSIST Activity 1: *Role Definition* — Chapter 1

Objective: To identify the role responsibilities of instructional associates

Fill in the blanks. Choose your answers from the list below.

1. The major contribution you as an instructional associate can make is to assist your teacher by providing _____ _____ to children.
2. You should be able as a team member to spend _____ of your day in instructional and instructionally related activities.
3. This does not mean you perform the same _____ your teacher performs.
4. To become a more valuable member of the team you should increase your _____ and _____ in educational programming.
5. To be a needed person, you must learn to share _____, communicate _____, anticipate the teacher's _____, and ask questions without _____ with the ongoing activities.

Ideas
Knowledge
Information
Direct
Learning
Most
Skills
Honestly
Interfering
Needs
Instruction
Duties

ASSIST Activity 1:
1. direct instruction
2. most
3. duties
4. knowledge, skills
5. ideas, honestly, needs, interfering

31

ASSIST Activity 2: *Role Responsibilities*—Chapter 1

Objective: To differentiate between the roles of the program manager and the instructional associate.

Place a T in front of those duties for which the teacher is primarily responsible and an S in front of those duties which should be shared by the teacher and instructional associate.

1. _____ Gathering instructional materials.
2. _____ Deciding whether an activity will be used.
3. _____ Relating with parents.
4. _____ Making reports.
5. _____ Selecting instructional objectives for a child.
6. _____ Providing direct instruction to students.
7. _____ Supervising children at free play.
8. _____ Evaluating the instruction.
9. _____ Constructing pre-academic tests.
10. _____ Coordinating the instruction with other preschool personnel.

ASSIST Activity 2:

1. S
2. T
3. S
4. T
5. T
6. S
7. S
8. S
9. T
10. T

ASSIST Activity 3: *Responsibilities*—Chapter 1

Objective: To develop a list of paraprofessional responsibilities.

Try to develop a list of responsibilities that you believe to be appropriate for instructional associates who work with handicapped preschool children.

Instructional responsibilities:

1

2

3.

4.

5

Non-instructional/Instructionally-related responsibilities:

1

2

3

4

5

6

ASSIST Activity 3:

Instructional examples
1. Tutoring a child
2. Collecting observation data on playground

Instructionally Related examples
1. Putting up a bulletin board
2. Arranging instructional materials in the classroom

ASSIST Activity 4: *Policies* — Chapter 1

Objective: To demonstrate knowledge of school personnel, policies and procedures.

1. School Personnel: Names and positions of the administrative and ancillary staff members at your school.

Name

1.
2.
3.
4.
5.
6.

Position

1.
2.
3.
4.
5.
6.

II Describe the School Procedures for:

1. Fire drill - _____
2. Administration of medicine - _____
3. Seizures - _____
4. Other school procedures (e.g., are T.B. tests required?) _____

_____

III. Describe Clerical and Routine Duties:

1. Bus duty procedures - _____
2. Cafeteria duty procedures - _____
3. Procedures for office machines - _____
4. Attendance forms - _____
5. Lunch forms - _____

IV Describe school personnel policies:

1. Sick and personal leave - _____
2. Holidays - _____
3. When and where is smoking permitted? - _____
4. Attendance at professional meetings, PTA meetings, conventions - _____

_____

5. Dress code - _____
6. Working hours - _____
7. Inservice conference times - _____

ASSIST Activity 4:

Answers are specific to your school.

ASSIST Activity 5: *Parents* — Chapter 1

Objective: To understand and appreciate the contribution of parents.

List three different ways parents can contribute to the instructional process.

1.

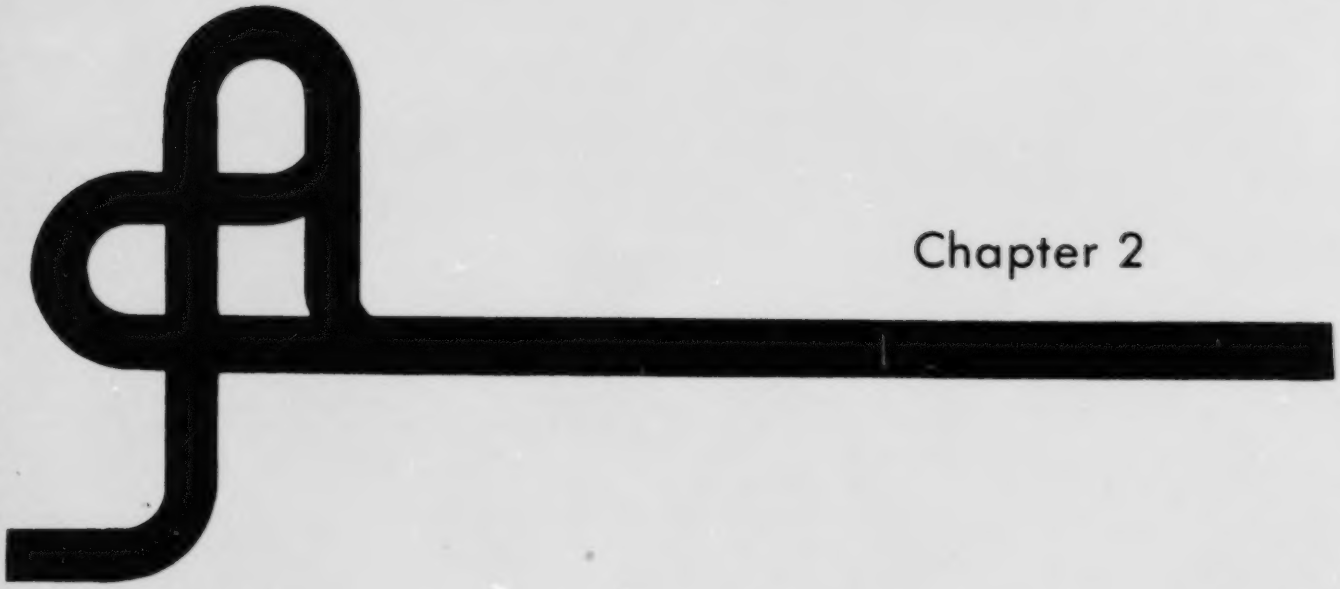
2.

3.

ASSIST Activity 5:

1. By providing information and advice — parents as planners
2. By helping with the instruction — parents as instructors
3. By taking part in parent organizations — parents as advocates

NOTES:



Chapter 2

OVERVIEW TO PRESCHOOL PROGRAMS

Authors: Lyn Walker Meena
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IMPORTANCE OF PRESCHOOL PROGRAMS FOR HANDICAPPED CHILDREN

Preschool education is very important for the development of handicapped children. Evidence indicates that the early years of life are the most vital years of human development. Research has also shown that early experiences have an influence on the potential abilities of the handicapped child, and that the influence affects all areas of functioning. Providing the handicapped child with a rich stimulating environment with opportunity for many early experiences has been shown to have a positive influence on present and later development of motor abilities, language abilities, and social skills. If the handicapped child is denied a wide variety of early experiences, the child's potential may be unnecessarily limited. Without early experiences and educational intervention the handicapped child inevitably falls further behind other children as she grows older. In essence, early education is necessary to insure handicapped children an equal opportunity to reach their full developmental potential.

Early Intervention Helps

In summary, early intervention has been shown to help. It can work to reduce the effects of a handicapping condition, and can do so more surely and more rapidly than later intervention. Preschool programs that provide early experiences and intervention have been shown to produce significant developmental gains in the children who were enrolled.

ADVOCATES FOR HANDICAPPED CHILDREN

An advocate is someone who will attest to another's positive personal qualities, who helps maximize another's opportunities, or who defends another's human rights. For example, a friend who refutes untrue gossip about you or someone who agrees to be a good reference for a job application are advocates for you. Advocates use their knowledge and skills to help people about whom they are concerned.

Since preschool children cannot speak for themselves, adults must speak for them. By far, the most significant and powerful advocates for the rights of handicapped children have been their parents.

On an individual basis, more and more parents are learning to be assertive regarding their child's treatment. They are exercising their rights to question the judgements of others, ask questions, see records, understand what is being said, and get a second opinion. More and more professionals welcome this

advocacy role of parents. Since they know their children well, parent advocates help teachers assess and program more accurately. In fact, more and more professionals feel the responsibility of informing parents of their rights and how to exercise them. By doing so, they gain the parent's trust and form a positive working relationship.

Instructional associates must also be advocates for handicapped children. To be an advocate of preschool handicapped children, you must be sincerely concerned about their welfare. You must vouch for their potential in preschool and out of preschool when situations develop that enable you to do so. You must use the knowledge and skills you gain as an instructional associate to help the preschool handicapped child gain the highest developmental potential possible. You must be a champion of their human and civil rights. A major goal of this training program is to provide you information you can use to be an effective advocate in early childhood special education.

Organize

Parents have recognized that by working together in groups and organizations, they have more "clout" when petitioning governmental

agencies to serve their children better. The Council for Exceptional Children, National Association for Retarded Citizens, United Cerebral Palsy Associates, and Epilepsy Foundation of America, are such organizations whose memberships consist of parents, professionals, and paraprofessionals. These are just a few of the groups fighting for change. When denied their just requests, these groups have shown that they are willing to seek solutions through court decisions (litigation) or through the passage of new laws (legislation). You should be aware of some of the significant gains advocates for handicapped children have made to understand the movement in early childhood special education and your role in this movement.

LEGAL RIGHTS AND PRESCHOOL PROGRAMS

Many handicapped children have never experienced the equal protection under the law guaranteed to them by the United States Constitution. Parents have had to struggle to gain adequate services for their handicapped children. A growing frustration with inadequate services has led many parents, friends, educators, and legislators to seek more and improved special educational services for the handicapped.

One of the most historically important cases in education was *Brown v. Board of Education* in which the United States Supreme Court overruled a 50 year precedent of "separate, but equal" education. This case mandated a unitary desegregated school system.

Legal Landmarks

Brown v. Board of Education gave impetus for many court cases involving handicapped children. The trend began in the late 1960's in a couple of suits in California brought by Mexican-American parents on behalf of their children against local school practices of labeling their bilingual children mentally retarded. The label was based on scores the children received on standard tests given only in English. The courts ruled in favor of the parents and held that the educational testing procedures were in error. Appropriate legislation then changed the testing procedure throughout the state. At about the same time, parents in Utah gained entrance to a public school program of their two severely handicapped children through the Courts. Fortunately, again improved legislation followed.

The full impact of these court cases for handicapped children culminated in the early 1970's when a State of Pennsylvania law was challenged. This law allowed children access to public education only after they reached a mental age of 5 years. This, of course, resulted in the educational exclusion of many children. The Pennsylvania Association of Retarded Citizens (PARC) brought a class action suit against the state for these discriminatory practices on behalf of all mentally retarded children. The court held that the public schools must provide a program of education suited to the needs of *all* mentally retarded children, guaranteeing them due process and periodic evaluation and review. Equal protection for both normal and mentally retarded children was assured.

The essence of this decision was extended further to all handicapped children (mentally retarded, emotionally disturbed, learning disabled, and physically handicapped) when another class action suit was brought against the Board of Education of the District of Columbia. The *Mills* case upheld the right of all handicapped children to an appropriate public education and decreed that lack of finances could no longer be used as an excuse for depriving handicapped children of rights other children enjoy. In short, the *Mills* case further established the right to education. By means of these class action suits, more and more parents and educators are finally making relevant changes for handicapped children.

New laws have aided the efforts of parents and other advocates, also. In the late sixties the Handicapped Children's Early Education Assistance Act (Public Law 90-538) was passed by Congress. From this legislation, funds were provided for the development of innovative ways to teach young handicapped children.

The Family Rights and Privacy Act (Public Law 93-380) provided parents the right to review all files maintained by institutions serving their children. Parents may question and challenge material in the files. They also have the right to have copies of the file. Also, personnel using the files must follow the principles of confidentiality.

P.L. 94-142

Finally in 1975, The Education for All Handicapped Act (Public Law 94-142) was passed by the Congress of the United States of America. This law mandated a free and appropriate public education for all handicapped children when such education is available for non-handicapped children. States which provide public preschool programs for non-handicapped children must provide similar services for all handicapped children by September, 1978.

Indiana, like many other states across the country, does not require education for preschool children, handicapped or non-handicapped. It does, however, permit the establishment of programs for preschool handicapped children. This is evidenced by the provisions of *Indiana's Mandatory Special Education Services Act, 1969.* This legislation allows local education agencies to provide programs for handicapped children between the ages of three and five years. In the special case of deaf and hearing impaired children, a program may be developed for an individual child as young as six months of age. However, since local schools are only mandated to offer services to handicapped children between the ages of six and eighteen, a limited number of programs currently exist for those special children below age six.

However, as a result of the passage of Public Law 94-142 and the general practice in Indiana of providing kindergarten programs for non-handicapped five-year-olds, all five-year-olds with handicaps must be provided appropriate programs by the public school beginning in September, 1978.

According to Public Law 94-142, every child must have an "Individual Educational Program" (IEP) tailored to meet her specific needs. As your teacher will tell you, this task is "easier said than done." A major purpose of your ASSIST training is to help you help your teacher fulfill the law as best she can. In fact, one of the major provisions of this new law is that instructional associates, like yourself, receive training for that purpose.

Basic Legal Rights

Our legal rights are drawn from one of two basic sources: constitutional rights and statutory rights. Constitutional rights are fundamental rights held to be basic and inalienable and are defined in the documents of the United States or State's Constitutions. Statutory rights are legal rights which are the result of specific provision of statutes enacted by the legislatures. These rights are guaranteed for *all* citizens, including *all* exceptional children and adults. In the past these constitutional and statutory rights have often been overlooked with regard to handicapped citizens.

DIFFERENT TYPES OF PRESCHOOL PROGRAMS

The most economical means of providing services to preschool handicapped children is through public education. Because of the implementation of PL 94-142 you should be seeing more and more public

preschools beginning soon. In order to prepare school systems for establishing their own preschools, model programs have been set up to demonstrate effective ways to meet a variety of situations. The purpose of these programs, often called First Chance programs, is to develop experimental projects to serve as demonstration models for public school systems and other educational agencies who need to know more about providing services to handicapped preschoolers and their families. The Handicapped Children's Early Assistance Act (PL 90-538) provided the earliest Federal funding for these programs. Let us now take a look at some of these different types of programs.

One type of program is the home-based model. Its basic intent is to teach parents in the home to use techniques effectively when working with their handicapped children. The parents are taught by a home teacher how to cope with the needs of their children. The next type program is the home followed by center model which begins working with parents of handicapped children in the home and goes on to help the parents enroll the child in a center based program as she becomes 2½ to 3½ years of age. A similar type program is the home and center based model which relies on a combined home and center approach.

Home and Center

The center based model is a type of program where most of the activity occurs in the preschool setting. The children are brought to the preschool for special help and any needed parent training is also conducted at the preschool. Another type of program is called the technical assistance or consultative services model. This approach is more indirect because the services are usually provided to the staff members of preschool programs instead of directly to the handicapped children themselves. The prenatal model focuses on prevention and attempts to educate prospective parents of possible high risk children (children who have a higher chance of having some type of handicapping condition) to cope with the responsibilities of having a handicapped child.

Mental Health Preschools

These model demonstration programs are not the only types of programs available. State departments of Mental Health, in conjunction with the National Association for Retarded Citizens, Cerebral Palsy Associates, and other organizations concerned with handicapped preschoolers have operated many quality preschool programs for severely handicapped preschoolers for many years. Some of these preschool programs service children with specific handicapping conditions such as cerebral palsy, deafness, blindness, etc. Others serve children with various handicapping conditions. More and more, these agencies are working closely with public school systems to insure that

the children receive appropriate educational programs when they enter the primary grades.

Headstart

Headstart programs also serve handicapped children. Headstart preschool programs were established in the early sixties to serve children from economically disadvantaged areas. Headstart programs raise the skill levels of preschool children from low-income neighborhoods so that they may enter the primary grades with an equal opportunity of obtaining an appropriate education. In 1972, the Economic Opportunity Act (Public Law 92-424) mandated that 10% of the children enrolled in Headstart programs be handicapped. Most Headstart programs were already serving handicapped children. In fact, many were serving more than the required 10%.

If you are an instructional associate working in a preschool setting you might recognize your program as being one of the types just mentioned. Whatever type of program you are affiliated with remember you will probably be working with both the handicapped children and their parents. You will be helping the children develop their full potential.

DIFFERENT PRESCHOOL PHILOSOPHIES

In the past several years, much has been said and written about preschool education and its importance to later school performance and success. Most early childhood educators agree that the foundation for the child's future growth is built during this formative period. It is during these early years that the basic attitudes and habits of the child are formed. Although there is agreement that satisfying experiences are basic to present and future growth, there is not agreement about how best to provide these experiences.

Much Similarity

Several different approaches toward preschool education have developed over the years. These approaches are in considerable agreement concerning instructional content (subject matter) and materials used in the preschool setting. These approaches agree that most preschool education programs should be concerned with the learning of appropriate school behaviors and attitudes, such as: sharing, taking part in groups, asking and answering questions, learning the names of objects, etc. These programs are concerned with the motor, language, social, and academic development of the child and the development of self-help skills (buttoning coats, zipping zippers, etc.). Similar materials and equipment can be found in most programs: puzzles, paints, movable floor toys, climbing apparatus, and an outdoor playground.

Although there is considerable agreement on instructional content and materials, the approaches differ concerning how they think the preschool child learns and which techniques should be used to teach them. We have identified how these approaches are similar. Now let's examine each approach and see how they differ regarding teaching techniques and their view of the learner.

One approach views learning in terms of observable behaviors or actions of children. All behavior of children is learned behavior; it is the direct result of training. The child's skill development is dependent upon the environment, which is made up of objects, places, and people. This skill development is also dependent on trainers, individuals such as parents, children, or teachers who attempt to influence or change the child's behavior.

The teacher or trainer occupies a very important position in this approach to preschool education. The child's learned behavior will be a reflection of the training the child receives. The child is thought to arrive at the preschool, agency or center with some degree of skill. It is the responsibility of the teacher to decide at what level of skill development the child is operating. Once this is done, the teacher is able to determine where to begin instruction for that individual child.

Another approach assumes that every child has certain mental structures which enable her to act and learn from the environment. The child builds her own intelligence through her experiences and interactions with the environment. This approach also assumes that all children go through a series of stages of development. Unless they are handicapped, children go through the same stages in an order that roughly follow the child's age periods.

Since this approach assumes the child builds her own intelligence by acting on the environment, the richness of the child's environment influences what

the child can build. In a less rich environment, the child will be delayed in her development because of a lack of opportunities or experience. The teacher will try to provide a rich classroom environment and an underlying structure which is appropriate to the child's stage of development. The teacher teaches the child by providing the conditions and materials by which the child can discover the basic operations of the world.

Different Emphases

The last approach focuses upon the age of the child. Children in these programs learn as a result of instruction geared toward age groups. Those children who do not learn are said to be "not ready." To plan their classroom experiences, this approach uses descriptions of what typical "normal" children can accomplish in the physical, social, emotional, language, and cognitive areas of development at certain ages. Activities and materials are selected which reflect what typical "normal" children can accomplish at certain ages. For example, if using scissors properly is thought to be the typical accomplishment of a five-year-old, this skill would be taught in kindergarten rather than in a preschool program. The primary goal is to prepare children for formal school.

All of these approaches recognize that developmental readiness and learning cannot be separated when planning learning experiences for the child. The approaches do differ somewhat in their ability to meet individual differences in each child. The first two approaches can more readily change and modify their programs to accommodate differences among children. It is possible, but more difficult to meet individual differences among children in the last approach because: 1) their activities and learning experiences are selected on the basis of what the non-handicapped child can accomplish, therefore, there is less planning for the handicapped child; 2) most instruction is done in either large or small group situations.

Similar Procedures

These approaches are alike in the general basic procedures they go through in order to help children. All of these approaches try to figure out where a child is developmentally. Once they identify at what developmental level the child is functioning, they attempt to provide learning activities and programs which meet the needs of that child. Once activities and programs are developed, there is an attempt to find out if the activities and programs worked. Did they meet the child's needs? Each approach differs in the amount of time, energy, and emphasis devoted to each basic procedure, but they all perform these general procedures in their attempts to help children.

It is these basic procedures that ASSIST refers to as the Instructional Process. By focusing on this general instructional process your ASSIST

training should be relevant to your particular program with some slight modifications.

ISSUES RELATED TO SERVING HANDICAPPED CHILDREN IN PRESCHOOLS

Artificial Handicapping Conditions: Labeling, and Stereotyping

Appreciate Similarity

What a child learns depends on her own experiences. It must also be said that experiences differ and therefore the content of what is learned also differs. This country is made up of people from many different cultural backgrounds: Mexican-Americans, Chinese-Americans, Black Americans, and American Eskimos, just to name a few. Every culture has its own values, its own rules for behavior, and its own language which should be acknowledged and respected. But regardless of background, we are all Americans, all under the same government and responsible for obeying the same laws. We all go to school, shop at the supermarket, drive cars or take buses and watch television. We are much more alike than different.

However, since all children's backgrounds are not the same, what they have learned and how they behave is also not the same. A child who lives on a farm will have different skills and knowledge from a child who lives in the city. A child who grows up listening to Spanish as well as English may speak differently from a child who only hears English being spoken. Some parents teach their children to fight; some parents believe that fighting is wrong.

Appreciate Differences

As an instructional associate you will have children from all backgrounds in your class. But it will help you and your relationship with the students if you take the time to find out about their backgrounds. Perhaps the little boy who is passive and withdrawn has been taught that children are quiet in the presence of adults and do only what they are told. Maybe the little girl who always uses incorrect grammar has been taught a different way of speaking. Remember that the preschool experience is an adjustment for most students and if you are aware of their backgrounds you can relate to them more easily and effectively as individuals.

At this point, a word of caution should be included. An unfortunate and unnecessary consequence of knowing your students' background may be that you think of them only in terms of that background and the labels (mental images we have created) that go with it. This kind of thinking can result in prejudice against certain types of children.

Prejudice

We all are prejudiced to some extent—although some do not like to admit this. Prejudices are usually based on certain beliefs we have about certain groups of people. These beliefs, accurate or inaccurate, are based on opinions we have formed over a long period of time. Perhaps our parents, other family members, or people we've admired, were prejudiced against one or more groups of people—Blacks, Jews, and homosexuals, to name just a few. Some people believe that all the members in a given group exhibit the same traits and mannerisms. These traits and mannerisms are usually considered to be "bad," "evil," or just plain "no-good." We have all heard that "Blacks are lazy," and that "homosexuals are emotionally disturbed" and that "retarded children are funny looking." Even though we have information which contradicts these statements and others like them, we still find it difficult to expel them. This is because our prejudices did not come about overnight; it took years to form some of these opinions and to get rid of them is difficult and takes time.

Stereotypes

If you explain or interpret your students' behavior only in terms of one outstanding characteristic such as sex, physical handicap or race, you are ignoring a great deal of information. You may even affect their own self-image. Furthermore, there is evidence to indicate that people behave according to other people's expectations. This means if you expect a child to be smart or stupid or aggressive, she is likely to behave in those ways. This idea is known as the "self-fulfilling prophecy."

Unacceptable Views

Reacting to people according to one of their major characteristics is called stereotyping. Stereotyping is the process of applying a set of traits to a whole group of people. Certainly, people need to use categories in order to communicate with each other. Imagine having to explain to every person you meet what the category "teacher" means! Explanations are unnecessary because everyone knows what behaviors and responsibilities are included in the category of "teacher." People come in all sorts of categories: tall, short, fat, thin, doctor, lawyer, male, female, and on and on. Categories are necessary for organizing perceptions and for communication.

Problems arise only when we think of people exclusively in terms of one category and certain attributes or personality characteristics that are attached to that category. For example, you may have heard statements like:

"Women are irrational."
"Mentally retarded children cannot learn."
"Emotionally disturbed people come from families with 'bad blood'."
"Boys are aggressive."
"Girls like to play house."

These statements and others like them are totally unacceptable. Unfortunately, these views are still held by many today. As an instructional associate you must overcome any prejudices which you have been taught. You must support the human rights of all. You must respect and appreciate cultural differences and styles. You must remember that children, handicapped or not, are individuals and should be treated as such.

Mildly Handicapped Children

Mildly handicapped children are found more often in the public schools. They often function quite "normally" outside of the school setting. These are the children who, because of mild physical or mental disabilities, learn at a slower rate than the non-handicapped child. Many children are considered mildly handicapped because they come from a culturally disadvantaged environment. Whatever the cause of their handicapping condition, these children still need special help in order to be effective learners.

In the preschool setting you may find many children considered mildly handicapped. Educational teams serving mildly handicapped preschoolers need to have competencies in teaching pre-academics, remediation, and sometimes even primary academic skills. You, the instructional associate, will also need to gain competencies in these areas in order to help your teacher in the instructional process for these children. The goal for these mildly handicapped will be to successfully function in regular primary school programs.

The preschool program is important for these children because developmental problems can be identified early and the child can begin her education in the right direction—working on her deficient skills, building skills, working at her own pace, and having success in what she is doing.

Severely Handicapped Children

Who are the severely handicapped children? How can we best help them develop their full potential? First of all, as in any "labeled" population of children, there is no set definition nor is there an exclusive set of characteristics that fit all severely handicapped children. Generally speaking, however, these children will have multiple disabilities in their basic development of motor, language, social, personal autonomy, and pre-academic skills. In other words, a preschool program for the severely handicapped usually focuses on basic skill development. Effective educational programming and teaching competencies are more important in helping the child than the mere identification of specific characteristics.

You, as an instructional associate working with preschool severely handicapped youngsters, will be developing competencies to assist your teacher in basic self-help, motor, social and communication skill development for each of the children in your program. All children will not need help in all of these areas. In the preschool you might find children with many different combinations of handicapping conditions. Some will be considered severely emotionally disturbed, others may be deaf, blind, or have severe orthopedic impairments which render them less functional than non-handicapped children. Still others may have severe neurological impairments. An important beginning for these children in the preschool setting is for you, the instructional associate, and your teacher to assess the child's present level of development, decide where the child needs to go by determining specific objectives to reach for, try out different instructional strategies, and continue evaluating the needs of the child.

Severely handicapped children can learn. They just need special help in order to develop their basic skills to their full potential.

Special Considerations for Serving Handicapped Preschoolers

In Preservice Chapter 1, you learned that to serve handicapped children well, a team approach is necessary. Your teacher tries to coordinate the efforts of other adults in different professions to meet the needs of children in her classroom. During Inservice, you will learn more about the contributions these professionals can make. In the following sections, the relationship of the educational team with medical specialists and medical concerns will be discussed.

Seizures

Some handicapped children are subject to convulsive disorders. Convulsions, or epileptic seizures, result from abnormal patterns of electrical discharge in the brain. They occur with varying degrees of intensity. "Petit mal" seizures amount to little more than a momentary "blacking out," or loss of consciousness. More severe "grand mal" seizures may last for several minutes and are marked by violent muscle spasms and loss of consciousness. These seizures are often very dramatic and frightening occurrences—perhaps more so for the observers than for the child herself.

Even though grand mal seizures may appear frightening, it is essential that you maintain composure. Remember, you are a model for the other preschool children. The purpose of this section is to prepare you mentally for these occasions by providing some guidelines for behavior.

First, seizure treatment is an individual matter. Children with seizures are usually attended by a physician and given individual medical prescriptions. You will need to learn about any individual prescriptions for seizures concerning the children you serve.

Secondly, different preschool programs often have different procedures for handling seizures. ASSIST Activity 4 in Preservice Chapter 1 should have provided the opportunity for you to clarify with the teacher your program's procedures for handling seizures.

Be Calm Yet Assertive

Generally, the following procedures are recommended for handling seizure incidents in preschools:

1. Be calm, cool, yet assertive.
2. Help the child having a seizure to the floor in a lying position.
3. Immediately clear nearby furniture away from the child's reach.
4. Do *not* try to restrain the child's flailing movements.
5. Do *not* try to pry the mouth open.
6. Loosen any tight clothing around the neck.
7. If possible place the child on her side so that the saliva can drain.
8. While you are doing steps #6 and #7, explain to the other students that:
   a. The student is having something called a seizure.
   b. They should not to be worried or afraid; the student is not hurt and will soon be okay.
   c. The student will feel better if everyone goes back to work rather than standing around watching. Direct them back to their activities.

Be Assertive

9. Wipe off the child's face as she recovers and begins to reorient herself. Be reassuring; tell the child it's okay to have seizures in preschool, other children have seizures, too, and she is a good girl. Children must not feel shame or embarrassment.
10. Stay with the child until she is re-oriented.
11. You will probably need to let the child rest anywhere from several minutes to several hours; seizures can be exhausting.
12. Encourage the child to begin play as soon as she is rested. Generally, try to treat the seizure incident very "matter-of-factly." You must make the child feel secure without pampering or pitying. If the children see that you can intervene calmly and affectionately, yet get right back to business, they will be less fearful of seizures. They can even be taught to help by moving away furniture. If possible, the child who has seizures can be reassured further if the educational team, parents, and physician can devise a clear unfrightening way to explain seizures to the child.

Many times, grand mal seizures are induced by particular environmental conditions. Police sirens, flashing lights, clanging bells, etc. are commonly reported seizure-inducing conditions. You should learn about any conditions in the environment which tend to induce seizures in the children you serve. Think about any special conditions in the classroom which seem to consistently occur before a child experiences a seizure. Some conditions which consistently induce seizures can be eliminated.

Petit mal seizures can be difficult to assess. A child could experience such a seizure without your knowledge. Some children experiencing a petit mal seizure make peculiar body movements, others stare, others drop their head or roll their eyes. Any movements or sounds the child makes which are accompanied by loss of attention or response should be reported to the teacher.

Medication

Daily medication is prescribed for some handicapped children. Medication may be undertaken to control epileptic seizures, reduce spasticity, and/or enhance voluntary muscle control. Also, there may be occasions when your team is responsible for administering medicine to the children for "common colds," other illnesses, or allergies. Know the procedures for administering medicine to children in your preschool program. If you are to give medicine, make sure the child takes the proper dosage at the right times. In addition, some medicines warn that drowsiness or other behaviors may result from usage. Read all labels and warnings.

Be Careful

Finally, closely observe children taking medicines of any kind. Inform the teacher of any changes in behavior affecting the child's performance that may be due to the medicine. Information relayed from the teacher to the physician may lead to necessary changes in prescription or dosage.

Dietary Procedures

Some students have special dietary needs due to various health conditions (diabetes or PKU for example). The team must find out from their parents which foods they may or may not eat, and how frequently they should eat. There may also be concern about overweight with some students and a special diet may be in order for those students as well.

SUMMARY

Preschool programs vary according to types of facilities, educational philosophy, and educational mandates. However, in all cases, the goal is to provide handicapped children effective learning experiences. In all programs there is an effort to provide children skills which will pay-off as they enter the public primary school program. All preschool programs attest to the importance of preschool education.

No matter the type of program for which you work, you will be an advocate for handicapped children. As an advocate and servant of handicapped children, you are an important member of the growing early childhood special education movement.

ASSIST Activity 1: *Labeling*—Chapter 2

Objective: To demonstrate knowledge of labeling in relation to handicapping conditions.

Fill in the blanks with the letter of the most correct entry.

1. _____ give us mental images of things.
2. _____ is the process of applying a set of traits to a whole group of people.
3. _____ are unjustified opinions formed over a long period of time.
4. _____ takes place when people act the way people expect them to act.
5. _____ help maximize the opportunities of people whom they are concerned about.

A. Civil Rights
B. Advocates
C. Self fulfilling prophecy
D. Stereotyping
E. Expectations
F. Culturally different
G. Labels
H. Prejudices

ASSIST Activity 1:

1. G
2. D
3. H
4. C
5. B

ASSIST Activity 2: *Advocacy and Legal Rights* — Chapter 2

Objective: To demonstrate knowledge of legal rights of handicapped children.

1. ____ Handicapped individuals have always enjoyed the same legal rights of other citizens.
2. ____ Education is only for those children who can demonstrate basic self-help skills.
3. ____ All children have a right to publicly supported education.
4. ____ All children have a right to an educational program based upon their individual needs.
5. ____ The rights of the handicapped are derived from the same Constitutional and Statutory rights afforded other citizens.
6. ____ Parents and their organizations have been a major force behind the struggle for equal rights for the handicapped.
7. ____ P.L. 94-142 is the Education for All Handicapped Children Act.
8. ____ I.A. s may be considered as advocates if they are sincerely concerned about the welfare of handicapped students and are willing to vouch for their potential, given the opportunity.

ASSIST Activity 2:

1. F 2. F 3. T 4. T 5. T 6. T 7. T 8. T

ASSIST Activity 3: *Preschool Programs*—Chapter 2

Objective: To demonstrate knowledge of different types of preschool programs available for handicapped children.

In the explanations given fill in the blank with the letter of the correct type of preschool program.

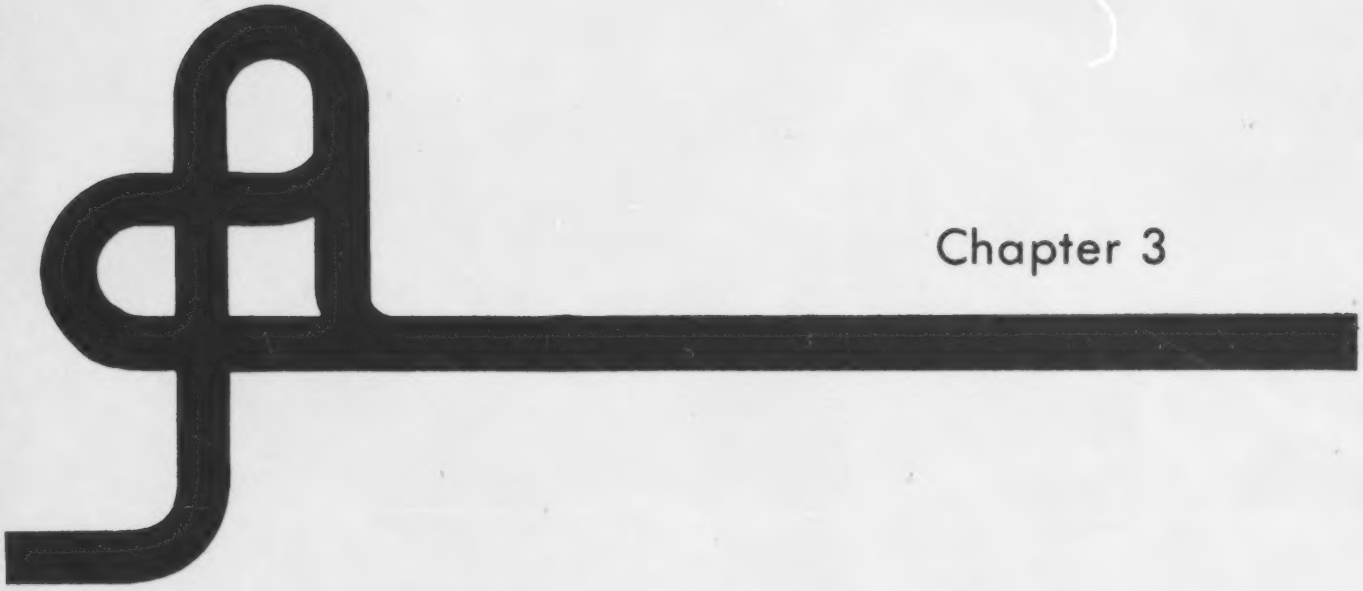
1. _____ The children are brought to the preschool for special help.
2. _____ Homebound teachers begin working with parents and children in the home and continue working with them when they enter preschool.
3. _____ Services are provided to staff members of preschoolers.
4. _____ Parents are taught in their homes how to work with their handicapped children.
5. _____ Focus is on prevention and attempts to educate preparents of handicapped children.
6. _____ Teachers work with the parents and their children simultaneously at home and in the preschool.
7. _____ Serves children from low-income neighborhoods as well as handicapped children.

A. Home followed by center model
B. Center based model
C. Home based model
D. Prenatal model
E. Technical assistance or consultative services model
F. Home and center based model
G. Headstart

ASSIST Activity 3:

1. B
2. A
3. E
4. C
5. D
6. F
7. G

NOTES:



Chapter 3

OVERVIEW TO DEVELOPMENTAL SKILLS

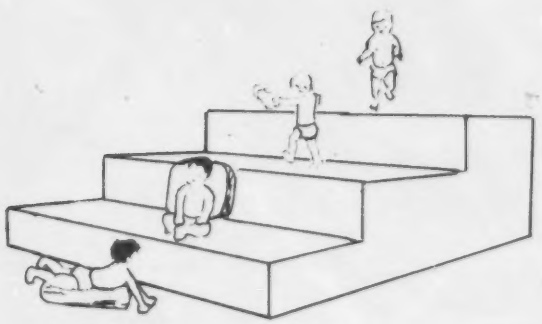
Author: Richard White

SEQUENCE AND RATE OF DEVELOPMENT

The development of most children unfolds in an orderly sequence of abilities. For example, a newborn child will usually be able to lift her head before she can stand, and stand before she can walk. Although each child is different from all other children, most children go through these developmental steps in the same order and at just about the same rate.

Until recently, people thought a child with a handicapping condition was different from a non-handicapped child, and that handicapped children could not and should not be expected to do the same things as non-handicapped children. These beliefs have begun to change. Now it is generally accepted that handicapped children develop through the same steps as non-handicapped children. For example, if a handicapped child is to sit up, the child must first be able to hold up her head. A non-handicapped child learning to sit goes through the same steps in the same order. The difference is that a handicapped child must be taught these steps of development and must be given more opportunities to practice.

In a few cases, the severity of a handicap may cause a child to miss one or more of the usual developmental steps. For example, most children walk after they are able to stand up on their own from a sitting position. But, a child with severe paralysis of the legs who cannot stand up on her own, could perhaps still walk if fitted with appropriate braces. Remember, however, this is the exception, not the rule.



Rate

In contrast to the sequences of development which are quite similar for all children, the rate of development varies much more. Each child has her own rate of development. Frequently, the child with a handicapping condition does develop at a slower rate. This slower rate does *not* mean that the child will never be able to walk, talk, or feed herself, or accomplish academic tasks. The slower rate does mean that it may take the child a longer time to accomplish all the steps that are necessary. Knowledge of the average rates of development will help you identify children having difficulty in a particular skill area.

Sequence

Knowledge of the sequences of development in particular, though, is critical to the instructional process for handicapped pre-schoolers. Knowledge of the developmental sequences for each skill area helps you figure out at what level the child can function. This helps you decide what the child can do next and what learning activities are appropriate for that child. During inservice many of the skills you gain in educating handicapped preschoolers will be based on knowledge of developmental sequences.

THE IMPORTANCE OF ADAPTATION AND FUNCTION

Adaptation

Since the developmental sequences and expected rates of development may vary for handicapped pre-schoolers, it is essential for the educational team to be flexible in the instructional process. First, the educational team must be careful when determining the developmental skill level of a child. For example, responding to simple verbal directions is a language skill in the sequence of language development. The hearing impaired child, however, may have difficulty following simple verbal requests such as "Sit down," or "Come here," but could respond quite well if appropriate gestures were made. In this case, without being flexible, the educational team could incorrectly conclude that the child has not attained that level of performance.

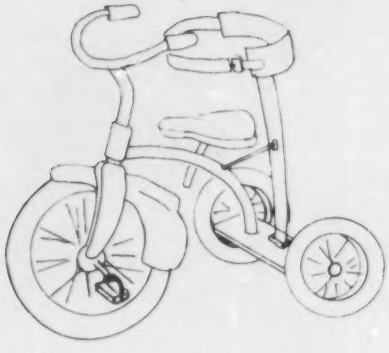
Be Flexible

Secondly, the educational team must be cautious about continuously teaching at a particular developmental level because a child cannot perform certain tasks. For example, in the general sequence of language development use of one-word sentences usually comes before elaborate or extended sentences. Most children say "Ma-Ma" before "Mom, please come here and help me button my coat." Again, however, a language impaired child who cannot express herself verbally may through gestures communicate, "Mom, please come here and help me button my coat," even though verbally she cannot say one-word sentences. As you gain skills in the instructional process, you will learn to become very sensitive to the need to adapt the instruction to insure that the child is given every chance to perform at her highest ability level.

Function

Look Closely

Hand in hand with the notion of adaptation is the notion of function. Too often in the past people have incorrectly presumed that certain skills are totally essential to function in society. For example, it is incorrect to presume that if a child cannot hold a fork or spoon, she cannot feed herself. She may do quite nicely with special adaptive feeding utensils that can be braced to her wrists, or even by using her fingers. Moreover, people have incorrectly presumed that there is only one way to do a certain task. Talking, for instance, is a highly valued social skill. However, some speech or language impaired citizens communicate quite well using gestural forms of communication such as American Sign Language in conjunction with whatever other language skills they may possess. This is *not* to say that language impaired or speech impaired children should not be instructed to talk as best they can or that physically impaired children should not be instructed to hold feeding utensils as best they can. The idea is simply that the overriding concern for the educational team is to help the individual child function in her environment to the best of her abilities. To do this, the educational team must provide instructional opportunities for the child to strengthen her weaker skills while being sensitive to alternative possibilities that would enable her to function in the environment better. As you progress through the inservice sections with your teacher, you will gain skill in helping the teacher create educational programs for children that focus on independent functions, and you will gain skills in creating alternative strategies to reach instructional objectives. The examples of activities provided in inservice will show you how to focus upon those skills that have direct benefit for the child in her environment or, at the least, benefit the child by providing subskills that are necessary for the acquisition of other directly beneficial skills.



THE DEVELOPMENTAL SKILL AREAS

To organize the knowledge and skills of preschool instruction it is helpful to discuss child development in relation to different developmental skill areas. Although these areas are very closely related to each other, it is sometimes easier to understand child development and the instructional process by talking about the areas separately. There are many different ways educators classify skills. ASSIST organizes the instructional process around the following skill areas:

1. Motor skills
2. Language skills
3. Social skills
4. Personal Autonomy skills
5. Pre-Academic skills

Your inservice training will be organized within these areas. The skills you obtain in the instructional process will be applied to these different developmental areas. This brief outline of the different skill areas will give you a preview of some of the knowledge you will gain during inservice.

Motor Skills

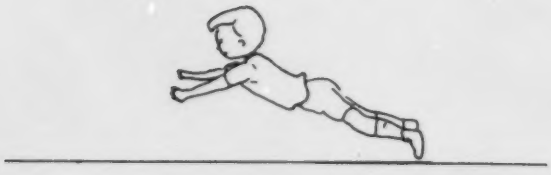
Motor development concerns the control the child has over her body. As the child's organs (heart, brain, etc.), bones, and muscles grow, the child gains more and more control over her bodily movements. Educators generally categorize the child's body movements in their usual order of appearance: reflex movements, gross motor movements, and fine motor movements.

Reflex Movements

The infant exhibits a series of involuntary movements (movements they cannot control) called reflexes. For example, the young baby has a sucking reflex. The baby responds automatically to the mother's breast or the feeding bottle. As the child matures, these reflexes fade and ultimately blend into voluntary movements (movements the child controls). Then, other reflexes emerge which persist through life. These reflexes often protect the individual

Involuntary

from harm. For example, when adults and older children fall, they automatically thrust their arms forward to break the impact.



Usually, most infant reflex movements have already blended into voluntary movements by the time the child enters preschool. However, for some handicapped children, these infant reflex movements persist into the preschool years. For other handicapped children, some of the later protective reflex movements fail to appear. In both cases, the child's performance of basic motor skills in the preschool years will be affected. In the inservice training, you will be provided a more detailed overview of the importance of reflex movements. In addition, you will be given some examples of how basic motor skills can be affected by problems of reflex movement. You will be given examples of activities that help children who have various motor related impairments gain control over their movements. In many cases, the assessment of a handicapped child's reflex movements will be done by a physical therapist or other professional person. From her assessment, she will prescribe activities to help the child. You will be expected to assist the teacher and other professional personnel in carrying out these motor skill developmental activities for handicapped preschool children.

Gross Motor Movements

Large Muscles

Gross motor skills include the use of the large muscles which control the head, neck, arms, shoulders, hips, and legs. Common gross motor skills include walking, running, skipping, throwing a ball, etc. Providing opportunities for gross motor skill development is a central task for a preschool

program. In your inservice training you will be given an overview to the different types of gross motor skills preschoolers may exhibit. Outlines of the developmental sequence for the various types of gross motor skills will be provided. You will learn how to help your teacher assess a child's gross motor strengths and weaknesses. You will gain skills in providing instructional activities which enable the handicapped preschooler to strengthen and refine gross motor skills.

Fine Motor Skills

Smaller Muscles

Fine motor skills include the use of the smaller muscles which control the hands, fingers, feet, and toes. Reaching, grasping, and holding are common fine motor skills. Most fine motor skills are related to the functional manipulation of objects such as: using a toothbrush, a fork or spoon, holding a pencil, etc. The attainment of these fine motor skills is important for the acquisition of certain personal autonomy and pre-academic skills the child will need also. During inservice training you will be given an overview of the development of fine motor skills including outlines of the developmental sequences. You will gain practical skills in assessing the child's fine motor performance, and in providing opportunities for the child's fine motor skills to develop. You will also be made aware of some common adaptations to the instructional process that may be made to enhance fine motor coordination.

Language Skills

Language is the means by which people communicate with eacn other. While language is often considered to involve verbal expressions (talking), it also involves nonverbal expressions such as gestures or touch.

Language skills are usually classified into two areas:

1. Receptive language skills
2. Expressive language skills.

Receptive language skills involve those skills related to understanding the language expression of others. Expressive language skills involve the individual's ability to communicate to others. Since language is such a central aspect of life, you will spend much time assisting the teacher in assessing the preschooler's language skills and providing appropriate language activities.

In your inservice training you will receive a more detailed overview of the language skill area including outlines of the developmental sequences of the receptive and expressive language skills. You will gain skills related to the instructional process to improve language and speech abilities.

Social Skills

Social skills mainly involve those skills related to the formation of human relationships. For example, relationships with family members and other

Play

significant human contacts in a child's life involve social skills. Forming relationships with peers involves social skills, also. Child play is an essential aspect of peer relationships. Included in the inservice training will be a thorough discussion of the child's developing human relationships. Sequences in the child's play development will also be presented. In addition, aspects of the development of the child's gender and ethnic identities will be outlined. As usual, the major focus of the inservice training will be upon the instructional skills necessary for assessing children's social skills levels, providing appropriate social skill learning activities, and evaluating your educational team's effort.

Personal Autonomy Skills

Self-Care

Personal autonomy skills are commonly called self-care skills. They deal with those skills related to personal independence. These skills are complex. They include various combinations and uses of motor, language, and social skills. Aspects of personal autonomy skills to be covered during inservice training include feeding skills, dressing skills, hygiene/grooming skills, toileting skills, and safety skills. The inservice training will focus upon those instructional skills necessary for appropriately educating handicapped children in preschool programs.

Pre-Academic Skills

Pre-academic skills include those skills closely related to the instructional activities taught in the primary grades in public schools. Like personal autonomy skills, this developmental skill area also includes various combinations and uses of motor, language, and social skills. Indeed, personal autonomy skills must also be considered pre-academic skills. In your inservice training, the unit on pre-academic skills will cover those additional skills, as well as the personal autonomy skills, that are needed for the primary grades. Aspects of the pre-academic area to be covered during inservice include skills related to cause-effect, classification/seriation, representation, number and temporal relationships. Cause-effect relationships between elements in the environment and skill of children to perceive those relationships will be discussed. Matching shapes, sizes, colors, textures, etc. are skills related to

classification. Seriation includes ordering skills: smallest to biggest, darkest to lightest, smoothest to roughest, etc. Representation concerns the use of symbols such as letters, numerals, street signs, etc. Number skills involve the ability to match sets of objects, count, put sets of objects together, etc. Skills related to temporal relationships concern the effective use of time concepts, such as, yesterday, today, and tomorrow. Recognition of the different lengths of various time blocks is important also. During your inservice training you will become familiar with the concepts behind these different areas of pre-academic skills, gain skills in assessing pre-academic skills, and gain skills in providing pre-academic learning opportunities for handicapped children.

ASSIST Activity 1: *Sequence and Rate*—Chapter 3

Objective: To understand the difference between sequence and rate of development.

Fill in the blanks using *sequence* or *rate* as the answers.

1. _____ refers to steps; _____ refers to time.
2. Developmental _____ varies more than developmental _____
3. Handicapped children are much like nonhandicapped children regarding _____ of development.
4. Handicapped children generally have a slower _____ of development than nonhandicapped children.
5. Knowledge of the _____ of development will help the team identify children experiencing difficulty.
6. Knowledge of the _____ of development will help you assess the child's performance level.
7 Knowledge of the _____ of development will help the team and you devise appropriate learning activities for children.

ASSIST Activity 1:

1. Sequence; rate
2. rate; sequence
3. sequence
4. rate
5. rate
6. sequence
7. sequence

ASSIST Activity 2: *Adaptation and Function*—Chapter 3

Objective: To be able to apply the ideas of adaptation and function.

1. Mary can walk through the room if she uses pieces of furniture to maintain balance. (This is a pre-walking skill level most children attain often called "cruising".)

   a. The adaptation is _____ .

   b. The function is _____ .

2. June is blind. She recognizes letters cut out of sandpaper by touching them.

   a. Two adaptations are _____ .

   b. Two functions are _____ .

ASSIST Activity 2:

1. a. holding on to furniture
   b. walking

2. a. sandpaper letters; touching
   b. letter recognition; reading

ASSIST Activity 3: *Developmental Domains*—Chapter 3

Objective: To identify the skill areas or domains to be covered during Inservice training.

Name the five major skill areas.

1.
2.
3.
4.
5.

ASSIST Activity 3:

1. Motor Skills
2. Language Skills
3. Social Skills
4. Personal Autonomy Skills
5. Pre-Academic Skills

INSERVICE TRAINING

PART 2

OVERVIEW TO INSERVICE

Introduction

During preservice, you learned in a general way how you as an instructional associate have a complementary role to your teacher. You have responsibilities for instructional, instructionally related and non-instructional tasks. However, the focus of the inservice portion of your training program is designed to help you gain the specific knowledge and skills you will need to fulfill effectively your role in both the instructional and instructionally related areas.

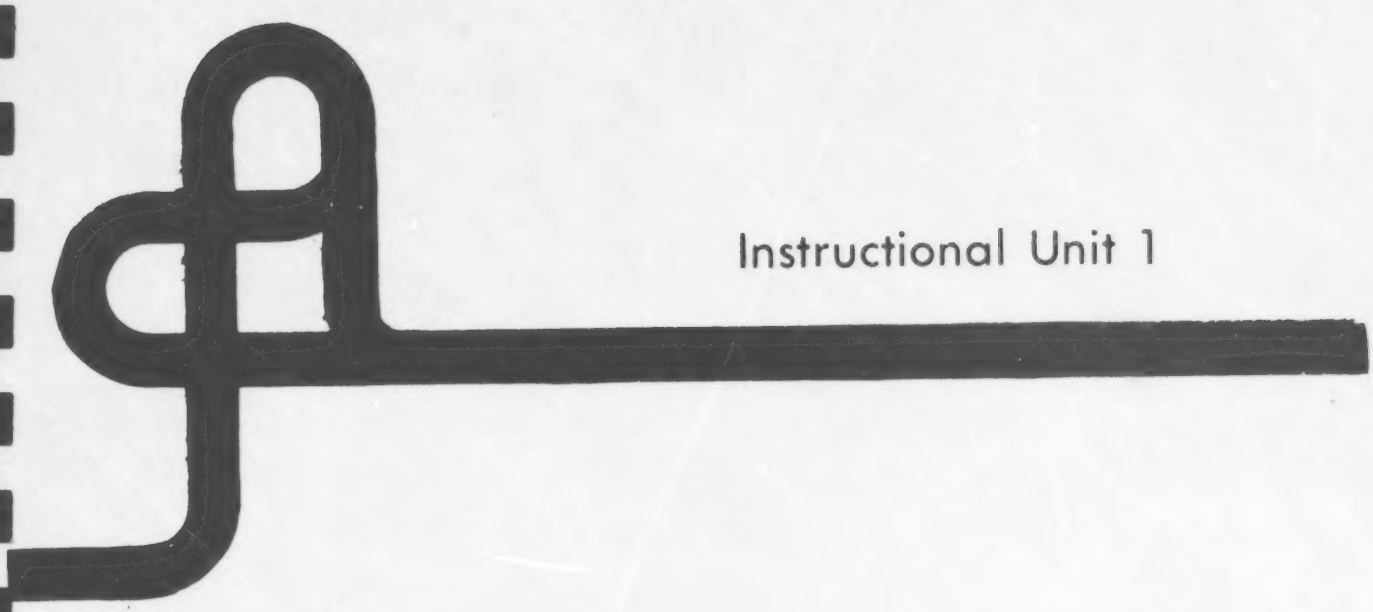
Your teacher is your trainer during inservice. Together, you will work through the ASSIST materials at a rate that you both determine. You may decide to spend more time on some of the inservice instructional units and subsections than on others. Depending on your particular needs, you may even wish to review certain preservice portions and/or activities before moving on through the inservice portion of the ASSIST materials.

The first Inservice Unit, "The Instructional Process", sets the foundation for the remaining Units. The other Inservice units focus upon the major developmental skill areas: motor, language, social, personal autonomy, and pre-academic. You will learn how these skill areas are so very important to the overall development of the child. You will learn the basic facts of child development within these skill areas. You will learn about some common handicapping conditions that influence the rate of individual growth. You will learn to apply the Instructional Process within each skill area.

Remember, your teacher does not program for a child in one skill area only. Each day she plans a well-balanced series of objectives and activities for children that cover all the skill areas. The ASSIST material and the instructional process are presented within these major skill areas to help you organize your knowledge about special child development and to assist the educational team's instructional efforts.

There are certain skills and knowledge which are important for you to know in order to be effective in the classroom. It is equally important for you to feel confident in your knowledge and skills. As in Preservice, for each instructional unit, there are activities in your Sourcebook to complete. Again, these activities are provided to give you some assurance that you have mastered the knowledge in the Sourcebook and can apply that knowledge to your situation. As we said before, each unit and its related activities focus on what you will be doing to assist your teacher in the instructional process. Even though most of the reading will be done on your own, it is important to work through the activities as closely with your teacher as possible in your situation since you will be an important extension of the teacher in the preschool classroom.

Although the ASSIST materials are quite comprehensive in nature, your teacher as your trainer may provide you with additional knowledge and skills. It will be necessary for you to integrate the information gained from the ASSIST materials and from your teacher so you will become more effective in the preschool classroom. Remember that your major role is to use your complementary knowledge and skills to assist your teacher in reaching these objectives.



Instructional Unit 1

THE INSTRUCTIONAL PROCESS

Authors: Donald Noble
Richard White

INTRODUCTION

Learning takes place when you provide appropriate learning activities for children. Appropriate learning experiences take place anytime you assist children in developing skills so they will eventually achieve their maximum development.

To do this requires the coordination of the skills of both the teacher and the instructional associate. Within this instructional process, the teacher has four primary responsibilities:

1. Assessing the developmental level of each child.
2. Developing instructional or learning objectives and programs for each child.
3. Coordinating personnel to assist her in reaching the objectives.
4. Evaluating the learning programs.

Within each of these areas, you will utilize your talents in a manner that is complementary to those of the teacher.

ASSESSMENT

Purpose

What do terms like "assessment," "instructional or learning objectives," and "evaluation" mean? These terms are the heart of the instructional process. We must first determine or assess the developmental levels at which the child is operating. The word "assessment" refers to the collecting of information in order to make some kind of decision. In educational settings we assess children to find out what skills they possess—what their strengths and weaknesses are. Kathy can name and match the colors red, green and orange, but she cannot name and match the colors yellow or blue. Richard can dress himself in clothes without buttons, but he cannot tie his shoes. You need to know what your students can and cannot do in order to design appropriate learning programs or environments for them.

Assessment is a very critical step in the instructional process. Without it, teachers would not have information or data to use in planning programs for the child's development. Without planned programs and objectives, instruction has no goal or purpose. You may teach—but the child may not learn. This may happen if you are attempting to teach something the child already knows or can do. You may also be attempting to teach a skill that the child is not ready to learn, because she has not learned what goes before it.

The purpose of assessment, therefore, is to provide information so that appropriate instructional programs can be developed. This assessment data should indicate what skills a child has, at what level, and in what environmental settings the child can use the skills. More

specifically, assessment should indicate whether a child has acquired skills, independently maintains skills, and generalizes her skills to other desired settings.

ACQUISITION ⟶ MAINTENANCE ⟶ GENERALIZATION

For example, after instruction, Jake has learned to brush his teeth properly in the classroom after lunch. He also maintains that acquired skill daily in the classroom with little prompting from the educational team. However, he does not generalize that skill by brushing his teeth at home. The educational team, in this case, must devise a program that would generalize the skill to the child's home. Laurie, on the other hand, has learned to share toys in the classroom (a social skill) but only when the teacher is watching, and certainly not with her brother at home! Appropriate instructional activities are necessary for helping Laurie to maintain and generalize her new skill. In summary, once the child's strengths and weaknesses are determined, the teacher can develop programs for the child to strengthen the skill she already has and develop needed skills.

The methods of collecting information about the child's knowledge and skills may vary with each preschool program. However, the most commonly used assessment techniques are:

1. Standardized testing
2. Informal testing
   a. Probes
   b. Direct observation methods
   c. Information sharing/interviewing

Standardized Testing

Formal testing provides general information about a child. "Norm-referenced tests" are one kind of formal test; they compare how well a child performs a task compared to a standard—usually the performance of other children of the same age. Preschool formal tests are given individually, in a structured environment outside the classroom. There are several tests for measuring "intellectual" development, that is, perception, memory, learning, problem solving, and the beginning of verbal communication and abstract reasoning. The Bayley Scales of Infant Development—Mental Scale, the Wechsler Preschool and Primary Scale of Intelligence (WPPSI) and the McCarthy Scales of Children's Abilities (MSCA) are probably the best known. Each of these tests presents the child with various tasks—matching squares and circles, for example, and then compares her performance with other children of the same age. The information gained from formal tests is more general than specific, especially in view of the fact that young children develop so rapidly.

Information from formal tests is limited, since it only provides a general comparison of a child to most other children of the same age. These results will not be of much help to the teacher who needs to design specific objectives and activities for the child.

In some cases, the test information can even be misleading. A child with average "intelligence" who has a language problem may score low on an "intelligence" test which stresses verbal ability. Research has shown that another problem with formal test scores in the past has been the tendency of some educational team members to let low scores influence their instructional efforts. Low scores can lead some team members to expect low performance. As a result, low scoring children were not challenged enough and did not learn well. Your teacher has learned to be on guard against these negative "expectancy effects," and so must you. Finally, formal tests for preschool children have not been shown to be good predictors of future academic performance. Some standard tests can also be very inappropriate for certain handicapped children.

On the positive side they may indicate potential problems and help you in establishing priorities. For example, if a child scores well on tests of social and language skills, but scores low on motor skills, the teacher may decide to emphasize motor skills for that child. Formal tests may also shed additional light on the nature of a child's learning problems. For example, many times language impaired children are suspected of being retarded. However, if a child scores well on a nonverbal "intelligence" test, the educational team has evidence that the language problem is probably not due to low "intelligence."

You as an I.A. will not usually be very involved in the formal testing aspect of assessment. In many cases, even the teacher will not be involved in the actual administration of some formal tests. In most preschool programs, if such tests are used at all, a licensed tester must now administer them. The information derived from the tests, however, may be available to the teacher and yourself. This discussion of standardized assessment has been provided so that you will have an understanding of the general issues regarding standardized testing, the limitations of standardized testing for educational programming, and the need to use the information appropriately and carefully.

Informal Tests (Probes)

Informal assessment is an excellent source of information for individual program planning. It is very flexible and can be done in a number of settings. In addition, informal tests give you specific information: can the child recognize shapes, letters; can she use a pegboard; and so on? The only limitations on informal tests are your own. You can collect all kinds of information on the child's developmental levels which will assist you in designing a program for her.

For example, you may want to know about the child's classification skills. You could design a classification-task where the child separates people figures from animal figures, or where she must choose the different shape from a group of similar shapes or differentiate big objects from small objects. You may want to record or measure her language ability. Does she respond to her name and follow simple directions? Can she play peek-a-boo and sing songs? What words does she say? All of these questions can be answered by informal tests, designed for a specific purpose. This kind of information is much more useful for programming purposes than a general intelligence score.

Observations

Direct observation of a child's behavior provides you with specific information. In fact, observation may be the preschool team's most powerful assessment tool. Through observation you can discover which activities the child prefers, how long she stays involved in one activity, and how well she gets along with other children. In order to make sure you remember exactly what the child does, you should record your observations while you are watching the child. A preschool classroom is a busy place, and if you wait until the end of the period or the day to write down your conclusions you may find that you have forgotten something. To be effective, observations need to be recorded immediately; otherwise, you may remember only part of your student's behavior.

Observation can be done in a number of ways. One of the most effective ways to observe is to:

1. Specify clearly the behavior in which you are interested. For example, if you want to know how well Christy can talk, choose a *behavior* that indicates talking skill like the number of different words she says. Obviously, it is much more vague—and not always accurate—to note that she seems unable to communicate well with others than to count the number of words she says.

   Notice that we say "behavior." We define behavior as:

   a. Something that can be seen by others. It is *observable*. Happiness, sadness, frustration, etc. are not behavior. They are states of mind. Laughing, crying, and screaming are behaviors.

   b. Something that can be counted. It is *measurable*. You can count the number of times a child laughs, cries or screams.

2. Specify the time of day and activity when you are observing. Perhaps Christy only talks early in the morning, or only when she is cutting and pasting. It is important to know *when* the talking occurs because you may be able to change the situation to encourage more talking behavior.

3. Count the number of times the behavior occurs in a given period, and vary the time of day when you observe. If Christy consistently talks 4 times at 2:00 p.m. and 10 times at 9:30 a.m. then you know that an intervention is more necessary at 2:00 than at 9:30. Counting or tallying also helps you later on. Three weeks later, you may think that Christy's talking behavior has not improved as a result of your intervention. Again, you observe and record her talking behavior. You may be surprised to find that she talks 9 times in the morning and 7 in the afternoon. Although she still talks less in the afternoon, she is improving and will probably continue to do so.

   Below is a simple way to record behavior.

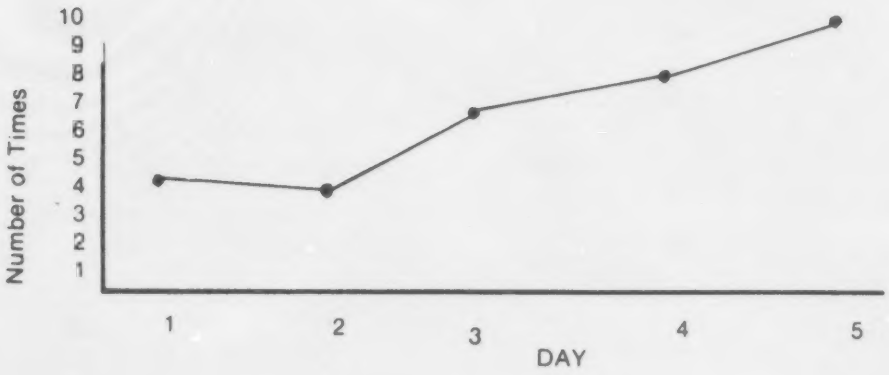
Name: Christy Date: 11-7
Time Observed: 9:30-9:45
Behavior: using words
Tally: / / / / / / / / /
Total: 9
Observer's Name: Ms. Smith

When you first begin classroom observation, it is easy to be distracted. You may find yourself watching other students or other behaviors of the student you are observing. Remember to concentrate on the behavior you are observing, the target behavior. Otherwise, your information will not be helpful. At the end of a week, you may wish to transfer your observations to a chart similar to the one below—a chart will show you a clear picture of a child's progress.

Name: Christy

Week of: 11-3 to 11-7

Behavior observed: Talking



Suppose that on Day #3 you had begun an intervention to help Christy talk more. The chart is a clear indication that you are succeeding.

When you record your direct observations in this way, you and your teacher will be better able to show that positive change has occurred. However, in your preschool situation, you may have so many duties in other areas, such as supervising activities, that you just cannot keep records as detailed as these as often as you would like.

Another alternative is to jot down what are called anecdotal records. An anecdotal record is simply a few sentences describing a student's behavior. For example, after observing Frank doing a matching activity which was difficult for him, the following report was made:

Anecdotal Record

Name: Frank Date: 11-7

Frank frowned and scowled while he was trying to match large circles, squares, and triangles with small ones. He seemed to have most difficulty with squares and triangles.

Again, while you may decide to record impressions, try to record behaviors, also.

Another informal method of assessment is the use of a checklist. This list could include skills in only one area or in a variety of areas. The teacher either observes a child to see which tasks she can perform or designs a specific task to measure the skill. In language for example, can the child say words? How many words? Can she use words to communicate? Can she use sentences? Without mistakes? With mistakes? A simple checklist may look something like this:

Name: Christy

Communication Skills:	With Error:	Without Error	Not at all
Gestures		X	
1-5 words		X	
6-10 words	X		
2 word sentences		X	
3 word sentences			X

Checklists may be general like the one above or more specific as you choose. You could make a list of words that many of your children seem to know, words that you want them to know, and so forth. Checklists do take time, but the additional information may help you a great deal in designing programs and activities. Since these checklists are available for every member of the educational team to inspect, they help each member know what information the other members have collected. Again, in your preschool situation the number of checklists per child that your teacher can keep may be more limited. Hopefully, as you gain assessment skills, your teacher will be able to use these kinds of informal assessments to a greater degree. Throughout your inservice training, many checklists will be provided you for each developmental area.

Interviewing

In Preservice you learned about the importance of the other preschool staff. These individuals can be very important source of assessment information.

Parent Information

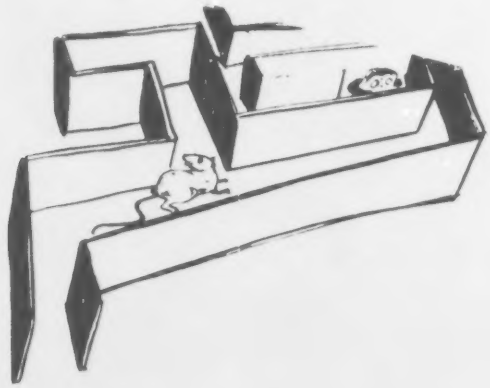
Parents may also be able to give you important information. Remember from Preservice the role of the parent as planner. They can tell you what kinds of activities the child enjoys or can perform at home, how she behaves, and how she communicates her needs. Parents can also tell you about difficulties or special events at home that may affect the child's school performance. Parents are particularly helpful in providing information concerning whether the child is generalizing to the home the skills you are attempting to teach in preschool. On the other hand, some parents may not wish to discuss their child, and their wishes should be respected. Most parents, however, are more willing to share information in a supportive environment. The information gained may enable the teacher to make more effective decisions about the child's learning program.

OBJECTIVES

The purpose for gathering this assessment information is to find out how the preschool child is presently functioning. This information identifies the child's strengths and weaknesses. With this information the teacher can decide at what level learning experiences should be developed for each child and what the child needs to learn in the future. These decisions are called long range objectives. These long range objectives describe in a general way the goals you and your teacher have for each child's development and learning. Perhaps this quote from *Alice's Adventures in Wonderland* may help clarify the importance of long range objectives: "Cheshire Puss," she began, . . . "would you tell me, please, which way I ought to go from here?" "That depends a good deal on where you want to get to," said the Cat. "I don't much care where," said Alice. "Then it doesn't matter which way you may go," said the Cat. Without knowing where you

*Lewis Carrol. *Alice's Adventures in Wonderland*. New York, New York. Random House, Inc. 1946, pp. 71-72.

are attempting to go, you never will know if and when you get there. Long range objectives provide a direction and an order to the efforts of you and your teacher.



The topic of objectives does not end here. The decision must be made on how the objectives will be reached. This procedure involves breaking down the goal or objective into small steps. These smaller steps are called behaviors. These smaller specific behavioral steps are called behavioral objectives or short range objectives. These short range objectives attempt to identify what the child will be able to do at the end of a learning activity.

For instance, earlier an example in the assessment section mentioned Kathy. After assessment it was found Kathy could name and match the colors red, green, and orange, but not the colors yellow or blue. One long range objective for Kathy in preschool might be: By Thanksgiving Kathy will be able to name and match the colors red, green, orange, yellow, and blue. The short range objective written below is an example of how short range objectives are used to determine how long range objectives will be achieved. These objectives enable you to communicate to any interested person, 1) what you expect a child to learn as the result of a learning activity and 2) how you plan to show that the learning took place.

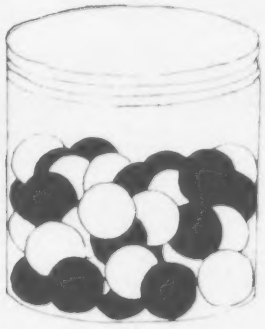
Short range objective: When given a jar of 15 colored marbles, Kathy will be able to pick out the 3 yellow marbles without mistake.

This short range objective contains the 3 components which can be separated using the following table:

Conditions	*Behavior*	*Criteria*
When given a jar of 15 colored marbles	Kathy will be able to pick out the 3 yellow marbles	Without mistake

Remember that a comprehensive short range objective contains three critical components. They are 1) the behavior, 2) the conditions, and 3) the criteria.

It is essential to remain flexible when making decisions using short range objectives. Remember the importance of adaptation. Perhaps, Kathy could not satisfy the objective as written but could complete the task if the jar contained red and yellow marbles only. When a child cannot complete an objective as written, the teacher modifies the different parts of the short range objectives until she pinpoints what the child can and cannot do.



Many preschool curriculum guides and curriculum packages are beginning to include long and short range objectives as part of their program. These pre-written goals and objectives can certainly save the teacher much time and effort. In most cases, however, the teacher still must modify these pre-written objectives somewhat, to make sure the objectives are appropriate for the individual child.

Long and short range objectives help you and the teacher provide learning experiences and plan learning programs that are appropriate to each child's needs and developmental level. It also provides an organized way of keeping track of an individual child's learning to assure that later learning activities are appropriate and that positive change has occurred.

If you are a new instructional associate, the procedures involved in developing long and short range objectives will probably seem confusing. It will take some time to learn to write objectives properly and to understand the different parts of short range objectives. In some cases, the teacher will take sole responsibility for these tasks. In some cases, if you are a highly experienced instructional associate, you may be asked by the teacher to assist her in writing long and short range objectives. Helping the teacher in this effort is a responsibility for you to consider. Whatever your background, the more knowledge and skill that you gain concerning objectives, the more comfortable you will feel implementing programs for special preschoolers. However, any objectives you derive must always be inspected and okayed by the program manager.

Task Analysis

Even though every attempt is made to make sure that an objective is appropriate for a child's educational needs and skill level, sometimes the child still cannot complete the objective. When this happens, it is necessary for the teacher and I.A. to take a closer look at the objective. The task may be more complex than we think. Many times, behaviors which we as adults consider simple and routine are really complex combinations of many smaller behaviors which incorporate the use of senses, thoughts, and motor activities. For example, adults brush their teeth daily. We have completed this task so often over the years, we now give little thought to what is actually involved in "brushing teeth." However, upon further inspection what we as adults consider to be a simple behavior could involve the following subtasks:

1. Turn on cold water
2. Place tube of toothpaste in nondominant hand
3. Unscrew cap of toothpaste
4. Place cap of toothpaste in sink
5. Pick up toothbrush
6. Wet toothbrush
7. Squeeze toothpaste on toothbrush
8. Place toothpaste on sink
9. Put toothbrush in mouth
10. Brush up and down on front portion of teeth
11. Brush up and down on left portion of teeth
12. Brush up and down on right portion of teeth
13. Brush top of lower left teeth
14. Brush top of lower right teeth
15. Brush bottom of upper left teeth
16. Brush bottom of upper right teeth
17. Brush behind lower teeth
18. Brush behind upper teeth
19. Spit toothpaste in sink
20. Rinse toothbrush
21. Return toothbrush to holder
22. Pick up glass
23. Fill glass with water
24. Put water in mouth
25. Rinse mouth with water
26. Spit out water
27. Pour out remaining water from glass
28. Return glass to holder

29. Pick up toothpaste with nondominant hand
30. Screw on cap of toothpaste
31. Return toothpaste to proper location
32. Pick up towel
33. Wipe mouth
34. Return towel to proper place

What originally seemed to be a simple and routine life skill is really a rather complex behavior made up of 34 smaller behaviors that take place in a particular sequence.

Imagine the number of sub-tasks required to do more complex behaviors! Teaching a child to categorize animals, birds, and fish for example, involves more skills for her to accomplish than brushing her teeth. In order to do the first task, the child must be able to pay attention to many characteristics at the same time. A task analysis of a "categorization" objective would be long and involved.

Even though it may at times seem to be too difficult, time-consuming, and frustrating when attempting to task analyze an objective, the principle of task analysis is especially effective with children who have learning problems. Task analysis can tell you specifically what a child can do, cannot do and what steps may be used to help her achieve the desired result.

Suppose you did want to teach a child how to categorize—eventually. In order to categorize, the child must be able to recognize similarities and differences between objects, so you might want to start with a simple activity such as matching shapes and colors. Here is an objective: Given circles, squares, and triangles of different colors and sizes, the child will be able to match by color, shape, and size 80% of the time. A task analysis of the objective might look like this:

	Yes	No
1. Discriminates size of objects (big-little)	X	
2. Groups objects by size	X	
3. Knows colors red, blue, green, yellow, (or whatever)	X	
4. Groups objects by color	X	
5. Recognizes circles	X	
6. Recognizes squares		X
7. Recognizes triangles		X
8. Groups by shape		X
9. Matches identical objects		X
10. Matches identical colors		X
11. Matches identical shapes		X
12. Matches identical objects by color and shape		X

Using this kind of checklist, the teacher can see precisely what skills the child has and does not have. She knows how to group by size, she knows certain colors and she recognizes a circle. So, for this child you could begin teaching at Step #6—or better still—drop back a step or two and start with what she knows. The teacher may decide to add color and size to the teaching of shape or she may not. Task analysis does not tell you how to teach—it does tell you at what point the child's knowledge or skill is lacking.

If the assessment of a specific task indicates that the child cannot perform any of the sub-tasks, then instruction could begin with step number 1. After the child can perform step 1, instruction is offered in steps 1 and 2. After these two steps have been mastered, instruction is offered in steps 1, 2, and 3. This process, known as "chaining," continues until the last step or component of the task analysis has been mastered. New steps are not introduced until the step the child is working on presently has been completely mastered—only one step is taught at a time.

There is another method of teaching with the use of task analysis, although this method will only work for certain tasks such as teaching part and whole relationships. It's possible to begin with the last step and move backwards one step at a time until Step #1 is achieved. This method is known as "reverse chaining" or "reverse shaping" because instruction is offered first in the subtasks at the end of the analysis. For example, puzzle activities are often used by teachers to strengthen visual discrimination skills. Rather than just giving the student the puzzle to put together, teachers often give a child a puzzle that is assembled minus one piece. By adding the last piece the student is provided with success and a sense of accomplishment immediately. Moreover, this method allows the child to see the part-whole relationship more easily. Following the child's initial success, more pieces can be taken out, and she can work back toward the initial sub-task where she must put the puzzle together from the beginning. Shoe tying is often taught this way, also.

To summarize, task analysis is the breaking down of an activity or task into smaller parts which can be taught in sequence. It is especially effective for children who are having difficulty with everyday preschool activities. Two methods can be used to teach the steps in an analyzed activity: chaining or reverse chaining.

Chaining refers to the procedure by which a task is taught in sequential order, beginning with the first step in the analysis and proceeding to the last step. Reverse chaining refers to the sequential ordering of a task, beginning with the final step and moving backward until the first step has been accomplished by the child. Reverse shaping offers the student a feeling of accomplishment upon task completion. The type of task and the characteristics of the student should determine which method is used.

INSTRUCTIONAL STRATEGIES FOR CLASSROOM MANAGEMENT

Strategies are used everyday in human interaction. We are continually responding to the behavior of others just as they are responding to the cues or messages we give them.

As an instructional associate, you will be continually interacting, formally and informally, with children. Your job is to assist the teacher in providing the appropriate educational experiences that will help children develop the complex skills needed to become as independent as possible. The importance of students learning the prerequisite and related skills of independent living cannot be overemphasized.

Learning is a behavioral change that is lasting, and one behavior can be used to develop another behavior or skill. The question is, how is this done? So far, you have learned how assessment data is used to develop long range objectives, which are then analyzed and broken into teaching units called short range objectives. In the process of planning activities, you prepare materials to enable the child to reach the objective, and you also plan instructional strategies to assist in this process. Instructional strategies are methods or techniques that you use to change behavior. These strategies include how you react to what a student says or does, and how you arrange the physical surrounding for an activity.

Decreasing inappropriate behaviors and establishing new behaviors are major concerns of teachers of handicapped children. The ability of the educational team to decrease children's negative behaviors and establish positive behaviors is vital for the team's feelings of success and satisfaction. Failure in this effort can make the preschool classroom an unhappy place for both students and instructors.

To do this, most educational teams try to employ strategies which prevent inappropriate behaviors from occurring in the first place. These strategies are more desirable and usually more effective than strategies used after inappropriate behavior has already occurred. The first step toward decreasing negative behaviors, therefore, is to make sure that the classroom environment supports positive behavior. People behave differently according to the environment. People act

like church-goers in church, spectators at football games, shoppers in stores, etc. The objective is for children to act like students at school. If a classroom is chaotic and disorganized, children's behavior will reflect that environment. When the children perceive that the classroom is a place for learning and discovery, however, there is greater chance that they will act accordingly.

In Preservice, you learned that teachers often attempt to establish good learning environments by devising classroom rules and routines. You learned why this is necessary. You learned it was necessary to support the teachers rules and routines. You also learned how important it is for you to be consistent, positive, firm, and loving. In the following sections you will learn about some of the major strategies of preschool classroom management. You may wish to review the sections, "Classroom Rules and Routines" and "Positive Relationships with Children," in Preservice Chapter 1, before beginning the following sections.

Ecological Strategies

Ecological strategies emphasize the interaction of the environment and the learner. Other approaches have often limited themselves to observing the child to find out what "is wrong with her." The child was seen as "ill" or "responsible" for her own inappropriate behavior; the focus was only on the child. The ecological viewpoint attempts to take into account individual and environmental variables which promote optimum functioning. In essence there is an attempt to achieve a balance between the characteristics of the learner and the learning environment.

The ecological approach suggests the need for "systems analysis" — a study of the various factors which affect the child. In general, these factors are divided into four components:

time
location
materials
personnel (the team, students, and volunteers)

All of these components can be varied to change the setting for the learner.

Let's assume that we have a five-year-old child, Billy, with a very short attention span, who is very distractible and has poor fine motor coordination. He engages in frequent inappropriate attention-getting behaviors. According to the ecological approach we observe these learner characteristics and then proceed to manipulate factors in the classroom setting to help the child learn, let's say, to write upper case letters A, B, C.

Time

1. Because of his short attention span we plan a variety of brief activities designed to teach writing ABC, such as:
   a) tracing sandpaper letters with a finger

b) tracing embossed plastic letters with a finger
c) following a ridge with a large pencil
d) writing over dotted line letters on the chalk board
e) writing over dotted lines with a large pencil on construction paper

Materials 2. Because of his poor fine motor coordination we have Billy use large implements (crayon, husky pencil, large sandpaper and plastic letters, large chalk, thick paper)

Location 3. Because of Billy's distractibility we might take him to the rear of the room or seat him at an isolated corner table with his back to other students.

Personnel 4. Because of his attention-getting behavior the teacher, IA and students provide lots of praise for constructive work. He enjoys working with Mrs. Haller, a volunteer, and generally does his best for her. His parents also help with the same task, under similar conditions at home.

Thus, we have varied a number of classroom components to promote Billy's learning of the task. Traditionally Billy might be given repetitive worksheets which involved the use of a small pencil, small letters, and thin paper at his seat in the middle of a group of children. He might be nagged to "get back to work" or "leave Sally alone," during a class period. Billy would probably have failed to learn to write ABC and would have become frustrated at his own lack of progress. He would undoubtedly also be aware of negative reaction to him. His problems might expand to other areas, because of his feelings about himself and the educational team, and become worse. But, by varying a number of classroom factors Billy learned the task, experienced success, had good interaction with the team and his classmates, had acquired a feeling of confidence, and was ready to proceed to a new task.

With the ecological approach, the teacher is perceived as being an "ecological manager." It's the teacher's role to arrange components to make the system responsive to the child, to motivate behavior, learning and growth. You can contribute to the teacher's efforts greatly if you recognize any environmental conditions which you feel are hindering or helping a child's progress and report them to the teacher.

The ecological strategy stresses that natural consequences provide the most effective feedback. For example, missing an important event because of dawdling is the natural consequence of not being ready on time; the child sees the effects of her behavior. Eating a delicious cake is a natural consequence of having followed a recipe correctly. Being dry and comfortable (and having mommy pleased) is the best feedback for successful toilet training. This approach emphasizes that natural consequences should be used whenever possible as feedback for student behavior.

Another dimension of the ecological approach is that a natural setting is believed to be the best place for learning to occur. This is especially true for severely handicapped children who may be less able to transfer what is learned from one setting to another. Even if the learning setting is different than the place where the behavior is to be used, it should simulate reality as closely as possible. In other words, school settings should be similar to natural settings where the handicapped individual will eventually live. Often the preschool setting consists of tables, papers, and bulletin boards, whereas the eventual setting will be streets, yards, beds, tables, and chairs. Often learned behavior that is adaptive in the school setting will not be adaptive in the future setting. The teacher needs to attempt to simulate the conditions of the eventual natural setting of her students in the classroom as much as possible to guarantee that the learning will be transferred and functional. In short "school learning" must be made more consistent with functioning expected out of "school." The emphasis is on skill generalization; not just acquisition.

The ecological approach also stresses the right of the learner to take part in the decision-making processes which determine her program to the maximum degree possible. In cases where the child is too severely handicapped to make decisions or too non-verbal to communicate them, she is to be provided with an advocate who will attempt to consider the situation from the learner's point of view. (Yourselves!) The assumption here is not only that the learner has the right of choice, but also that she is more apt to be motivated and cooperative in the learning process if she is a partner in the decision-making process. The idea of learner input and choice is a dominant theme of the ecological strategy.

Other implications of the ecological approach include recommendations for total family interventions and counseling. The assumption is that the whole system of interaction needs to be changed to allow the child with the inappropriate behavior to change. Major emphasis is placed on establishing improved relationships between the child, family, school, and community.

Some of the long range goals of education for handicapped children are independence, competence in performing everyday tasks, and ability to make reasonable decisions in new

situations. To be independent they must have practice in making decisions, monitoring their own behavior, and doing tasks by themselves. The team or parent may be able to control a student's behavior in the classroom, but the team cannot accompany the student through life. Therefore, instead of attempting to get "good control" over behavior, the team should try to get the student to monitor and control her own behavior. The team may be able to perform a task better and more efficiently than the child can herself, such as helping take off a coat and hang it up, remove a brace, comb hair, or feed a child a meal. But, the child must have practice doing these things for herself. Thus, the team should attempt to overcome the urge to be "helpful."

These are examples of situations where the instructional associate learned to transfer the responsibility to the student:

Mary is pestering Jane. Jane comes to tell you about it. You might have said "cut it out" at Mary, instead you say, "Jane, tell Mary you are busy working and don't want to be bothered." You have encouraged Jane to handle her own problems and to express her dissatisfaction to the other student in an appropriate manner.

Bob is a slow moving, dreamy, four-year-old. You always have to nag him to wash his hands and get ready for lunch. As you go out the door, you tell Bob to wash his hands. Bob is late to lunch, his food is cold, and he has to wait in line behind another class. Then he has trouble finding a place to sit. He is annoyed. You follow this procedure and eventually he will probable dislike the "natural consequences" of being late. (He used to be dependent on nagging).

Jimmy uses a wheel chair. He is slow to manipulate it so when he goes to the gym the instructional associate would always push it for him so he would get there quicker. She was making Jimmy dependent on herself and was not giving him a chance to develop his muscles and become more efficient at manipulating his wheel chair. He will need to learn to get around by himself.

Jennifer is learning to print her name. She tends to work in a hurry and came to the instructional associate frequently to check if she's done it right. You want her to be able to recognize whether it is correct by herself. You make out a neatly written index card and with her name printed on it and tape it to her cubby (coat hanger). When she is done you have her carefully check her work with this card. Later, when she becomes competent at this task, you ask her to look at it and check it by herself. Again, you have required a child to monitor her own behavior.

In conclusion, the educational team tries to maintain a "low profile." They encourage children to learn the schedules, clean-up after themselves, check their own work, get themselves ready in time, etc. You also encourage them to settle their own problems with others. Children need to practice being independent.

Reinforcement Strategies

The general strategies that have been discussed in the first part of this chapter enable you and your teacher to arrange a learning environment which helps students behave appropriately. However, even the best learning environments need to be sustained by positive on-going human interactions. In spite of your best efforts, there will still be students who will need a different, more specific, approach in order to help them maintain and build appropriate behaviors. In this section such strategies are reviewed. You will, of course, continue to be concerned about the environmental strategies but will need to supplement them with these additional techniques. Essentially, the next section will be concerned with increasing behaviors you wish to see more and decreasing or eliminating some less desirable behaviors.

Specifying Expected Behavior

Imagine this classroom scenario.

Teacher: "I really like the way John is using his spoon to eat his cereal." Mary Jane, who has been eating her cereal with her fingers, then picks up her spoon to eat her cereal.

Would Mary Jane have picked up her spoon given one of the following requests?

"Mary Jane, you are disgusting."

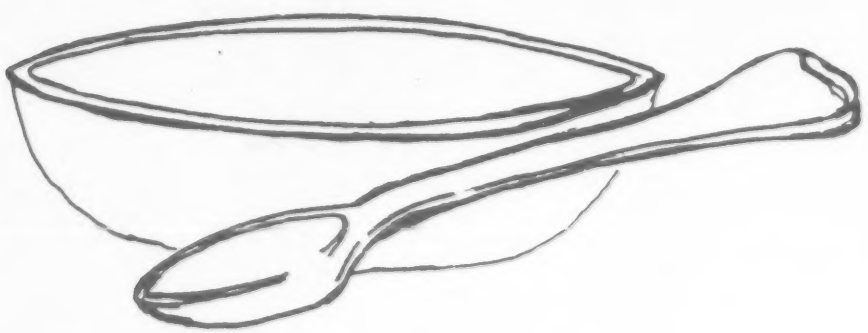
"Mary Jane, don't do that!"

"Mary Jane, don't eat with your fingers."

"Mary Jane, use your spoon, please."

"Mary Jane, you are disgusting."

Let's look at the statement, "Mary Jane, you are disgusting." Well, you really should not use this kind of statement. Such statements don't reflect anything about the *behavior* that is expected but indicate to the child that you don't like *her*.



"Mary Jane, don't do that!" Well that's an improvement! That statement shows concern for some behavior ("that") instead of just the person. However, it's not specific enough; maybe she is talking at the same time she is eating with her fingers. What is it that you don't want her to do? Be sure you are clear about what you do or do not want the student to do.

"Mary Jane, don't eat with your fingers." Well, now at least she knows for sure what it is you don't want her to do. But, she is still left wondering, "What should I be doing?"

"Mary Jane, use your spoon, please." Now you are giving Mary Jane some specific way of behaving. She is more likely to do as you would like her to because you have specified exactly what you expect of her. You are specifically stating what it is you want the student to do.

Modeling

Now, you find MaryJane eats with her fingers and uses the spoon too, Oh well, at least you've suggested to her a positive way to operate. Unfortunately, we are giving her attention while she is doing something incorrectly. A better technique might be. .

"I really like the way John is using his spoon to eat his cereal." You are calling attention to a positive behavior. This kind of statement is sometimes called *modeling*. One student's behavior is selected as a model for other students to imitate. Of course, it isn't simply a matter of picking the student who can perform the skill or behavior you are concerned about. The fact that MaryJane likes John is a big help. Also, MaryJane has to hear what you are saying about John's behavior and she should be able to see what John is doing.

Modeling is very important in education. Children imitate behaviors of adults. We often have observed that a child, "talks just like Mr. Doe" (a favorite teacher) or "combs her hair like Ms. Brown" (her art teacher). Because children imitate behavior it is important that the instructional team be "good models". If you want the students to eat a well-balanced lunch, eat one yourself. If you want children to deal with problems verbally, rather than with hitting, provide a model for settling problems verbally. The positive human and professional relationship between you and the teacher is a tremendous model for students.

Can Undesired Behavior Have a Purpose?

You may try the modeling technique with Mary Jane by saying. "I really like the way John is using his spoon to eat his cereal." Mary Jane sees him, she hears you and proceeds to throw her cereal at John! So much for using modeling to help Mary Jane! What happened? It seems that Mary Jane figured out that she can still get your attention by throwing the cereal. There really isn't much happening for her when she sits there and eats the cereal with a spoon. So, she does what she knows will get your attention.

There are reasons for children's misbehaviors. Many times what is inappropriate from an adult viewpoint is very appropriate from the child's viewpoint. For example, Sally found that crying was a very good way to get attention from adults. In other words, if we look closely enough, we can find

that a child's inappropriate behaviors are being rewarded in some way. The task for the instructional team is to discover the sources of reward for the inappropriate behaviors and remove those rewards as thoroughly as possible. Most importantly, however, the instructional team must ensure that children are taught alternative appropriate behaviors and that those behaviors are rewarded to a greater degree than the inappropriate behaviors were rewarded. Unless there is an alternative way to cope, a child may feel threatened or defenseless. Essentially then, the task is to simultaneously decrease the inappropriate behavior and establish a positive alternative.

Increasing Appropriate Behaviors—Decreasing Inappropriate Behaviors

There are a couple of ways to get MaryJane "on the track." None is necessarily better than another, nor are they any better or worse than modeling. It depends on the child and the circumstances. There are a few things to keep in mind when you decide you want to change any child's behavior.

1. Do I want to increase some behavior or decrease something? (We want to increase appropriately using a spoon for example, and decrease inappropriate using of fingers.)

2. Is the behavior I am concerned about decreasing a behavior which is inappropriate for the child's age? (It's inappropriate for a five-year-old to soil his pants.)

3. Is the behavior that I want to increase going to help the child in the future? Is it functional?

4. Is the desired behavior within the child's ability? Do I need to employ some adaptive devices? (Children with muscular problems may have difficulty holding a standard spoon. Maybe you'll have to contrive some device to help the child hold the spoon.)

Each of these statements requires some more discussion. Let's start with,

"Do I want to increase some behavior or decrease some behavior?" That presumes that you have looked at some behaviors and made some decisions about them. The first thing to do then is to specify the particular behavior you are concerned about. Here are some examples of behavior you might talk about:

. . .hitting classmate
. . .biting self
. . .using the toilet

"Hitting classmates is generally not a behavior that leads to social acceptance! So that's something you'd want to decrease. Biting self is another behavior you'd want to decrease. Using the toilet however is a behavior you want to increase. . .that is, if we mean using the toilet at the appropriate time for the appropriate functions (children could increase use of the toilet by spending all morning there or use it inappropriately by throwing goldfish into it.) So we see that

while some behaviors seem specific at first glance, they need to be refined and described carefully.

Here's another question we posed. "Is the behavior I am concerned about decreasing a behavior which is inappropriate for a child of that age?" There are really two issues here:

1) decreasing behavior and
2) age appropriate behavior

A standard strategy for decreasing a behavior is to ask the child to stop. Even limited experience will tell you that this strategy has limited usefulness.

Sometimes ignoring the behavior will be successful in causing it to decrease. This is especially so if the behavior the child is emitting is her way of trying to get your attention. If you decide on the strategy of ignoring, be sure that you are consistent. If you always missed the gold ring on the merry-go-round, eventually you'd stop but since you get it once in a while you keep trying. The same principle holds true of ignoring a child's behavior.

Your teacher may have a room or an area called time-out. If a child is persisting in a negative behavior you may want to remove her from the situation for a time. (As you can guess, some behaviors like hitting, can't be ignored!) It's usually best to specify a time limit for the child to be separated from the group. Be sure too, that the time out situation isn't more fun than the situation you're taking her from. The parent who sends a child to her room as a "punishment" isn't accomplishing much if her room is a mini entertainment center, complete with television. A time-out corner, full of great things to play with is going to defeat the purpose of separating the child from the group.

One strategy for decreasing inappropriate behaviors that raises difficult questions is punishment. Punishments can take many forms—physical punishment (spanking, for example), verbal punishment, taking away privileges, etc. Punishments can also be very mild or very severe. In all cases, punishment involves inflicting some form of pain upon the student for some inappropriate behavior. The emphasis is upon getting the inappropriate behavior stopped rather than providing the student an opportunity to behave appropriately.

In general, more severe punishments are used by teachers only as a last resort, if at all. There are many reasons for not using severe punishments. First, physically punishing a child or verbally humiliating a child does not teach new appropriate ways of behaving. In fact, since adults are models for children, punishing a child severely in these ways can teach socially undesirable behavior. Secondly, many teachers recognize that severe punishments are usually an outlet for an adult's frustration and anger at not being able to handle a situation. Punitive actions in these cases just interfere with good human relationships. Third, many preschools have very strict clear guidelines that prohibit such severe punishments. You must be aware of these guidelines and know your teacher's interpretation of them.

At some times, however, your teacher may feel it necessary to impose more mild punishments

on a child. The teacher may feel that the inappropriate behavior is so dangerous to the child, herself, the other children, or so disruptive of the classroom environment that emphasis must be placed on getting the behavior stopped. Teachers then try to use as mild a punishment as possible, yet still be effective. Most teachers also attempt to avoid physical punishments as much as possible. Finally teachers try to make sure that the actions they take are for good reasons and not just a personal temper tantrum.

Most importantly, you must have a thorough understanding of your teacher's feelings and practices concerning punishment. You must never punish a child so severely that you violate your teacher's practices or school guidelines.

So let's look at mild punishments such as removing privileges or denying participation in special activities. For example, a child may have to miss one minute of play time for each episode of hitting another student. (This sometimes presents a penalty for whomever must enforce the punishment too.) This type of activity will unfortunately call attention to the behavior you hope to eliminate.

If you are going to use a time-out or punishment strategy, be sure to do so as quickly as possible after the child has emitted the behavior you are concerned about or she won't know why she is being punished. Make sure such practices are permissable in your preschool, also.

Select Incompatible Behaviors

Sometimes when you think about a particular behavior you'd like to eliminate, you need to think of a positive behavior to replace it. This is called selecting incompatible behaviors, that is, a behavior that can't be performed at the same time as another. Standing and sitting are incompatible behaviors. Eating with a spoon however, is not incompatible with using fingers to eat; MaryJane could use a spoon in one hand and still pick up cereal with her other hand. You won't always be able to find "neat" pairs of behaviors like sitting and standing but it makes it more likely a negative behavior will decrease if you are strengthening an incompatible positive behavior.

Reward Functional Behavior

You recall that "age appropriate behavior" was also mentioned. It's important to remember that there are some things that preschool children normally do that are not acceptable later in life but are accepted at that particular age. It's pretty typical of four year olds to forget to wait their turn. This is not a behavior that you would be concerned about in any preschool child. On the other hand, we do want to eliminate any negative behaviors that are common to much younger children, soiling pants is probably the most common example of this point.

Another statement we made regarding changing behavior was, "Is the behavior I want to increase going to help the child in the future? Is it functional?"

Sometimes you see children who show some appropriate behaviors that you would like to see more often; initiating conversations, hanging up clothes, putting materials away, making some attempt to sit up or using a spoon.

How can you increase the chances that the child will perform these behaviors more frequently? One of the most common and most effective techniques and one which is easy to use is *verbal praise*. In the very first example, John was being praised for correctly using his spoon. To use the praise strategy more effectively, it should be as specific as possible, and should occur as soon after the event as possible. To tell Susi, as she boards the bus to go home at noon that she "was good" this morning isn't as effective as telling her immediately. Also, to say "You are being good" is simply too non-specific for most students ("What am I doing that's so good?").

We can praise good behaviors in lots of ways. Sometimes we smile, or hug, or clap. We might use those nonverbal ways or we might *pair* some nonverbal way (a smile) with a verbal way ("I like the way you hung up your coat.") Eventually we might want to *fade* the verbal message and just use the easier, nonverbal way.

Some teachers make up what is called a reinforcement menu. That's a list of the things that can be given or done with the children which are likely to increase the behaviors which they follow. Most mothers know about this strategy and use it when they say things like, "Eat your sandwich and then you can have ice cream." The ice cream is a reinforcement for a behavior we want to increase, eating the sandwich. Some of the things that we think of as reinforcers might be tangible things like stars, raisins, or cookies. Other reinforcers may fall into the category of special privileges. Being first in line is a popular one; sitting next to you or teacher is another favorite of young children. Still other reinforcers take the form of preferred activities. "Joanie, you can play on the swings when you finish drawing your picture."

Most importantly, remember that a reinforcer for Harold may not be for Sherri. Harold may like raisins; Sherri may be allergic to them. Through assessment, the team tries to discover the type of reinforcer each child prefers.

Individualize and Adapt

Let's look for a moment, at some of the behaviors you think you might want to increase. Are they behaviors that are oriented to the future needs of the student? Behaviors that lead to independence are ones you want to encourage.

Our fourth statement regarding looking at behaviors to be changed focuses on the child's abilities and her limitations. "Are the desired behaviors within the child's ability? Do I need to employ some adaptive devices?" You can't ask a child to do something she can't do! There may be ways to "get around" the problem however. You might like for Judy to be able to zip and unzip her jacket. You see that she can move a zipper if the zipper tab is large, as it is on a painting smock. If you attach a tag onto the tab of the jacket zipper, perhaps she'll be able to manipulate that zipper. At a later time, you might replace the tag with a smaller one and eventually work to just using the tab on the zipper.

Shaping Behavior

Sometimes you see children able to do parts of a task, or to do a task only in some situations. You can sometimes shape new behaviors by building or adding onto old behaviors. For example, you'd like Betty to be able to say the word "birthday." At one point, Betty's version of the word is barely comprehensible. Think of some successive approximations along the way from her pronunciation all the way down to the correct one. Perhaps saying "brday" would be your first approximation. You would reward Betty when she said that for awhile. After a time you wouldn't reward her until her pronunciation came a little bit closer to the way that you ultimately want her to pronounce it. You'd stop rewarding her for the lower level response and successively reward her only for the more acceptable responses. You may have already realized that successive approximations and chaining are very similar techniques.

Instructional Strategies: Summary

Your knowledge of the instructional process will be most helpful in selecting the right strategy at the right time and at the right place. If you have assessed well, you will be able to decide better which materials, natural consequences, reinforcers, peer models, etc. are most appropriate for the child. Once assessment information has been collected, objectives devised, and strategies chosen, the team is prepared to devise effective learning activities to fulfill the objectives.

ACTIVITY PLANNING

Purpose

Each step in the instructional process refines information about children and helps in planning appropriate instructional activities for them. Assessment provides the teacher with indications of where the child is developmentally and what the child needs to learn. Decisions concerning the goals for each child's future development and learning are long range objectives. Once long range objectives are established, a decision must be made as to how they will be reached. The long range objectives are broken into smaller steps or behaviors called short range objectives. Once the information about each child has been collected, developed, and refined, it must be used in an effective and organized way.

You will find that an activity plan is an effective method of organizing this information. Activity plans are written descriptions of the day-to-day instructional activities produced by the teacher to reach the objectives developed for each child. Usually this plan indicates how an objective will be met by describing the sequence of activities, the materials to be used, and the possible teaching or instructional strategies. When activity plans are developed with long and short range objectives in mind, they enable the teacher to group children according to their needs. If several children have the same short range objective, they can be grouped together for an activity. If a group of children have short range objectives in the same general area, identifying and learning colors for example, they can also be grouped together, even though each child may be at a different level in the objective.

If you are a new instructional associate, your teacher will probably produce all activity plans. On the other hand, if you are highly trained or experienced, you may even assist the teacher in this effort. In all cases, you will assist the teacher by implementing activities which she has developed. To do this, you must be able to translate your teacher's plans into action. At first, it may be difficult for you to understand what you are supposed to do from the teacher's plan, but after working together awhile, you will be able to act more independently.

Components of the Activity Plan

The activity plan has certain basic components or parts. Each teacher has her own way of putting them all together. The particular format is not so important as the components which make up the activity plan. Long range and short range objectives are one major component of the activity plan. It is also necessary to know what the child already knows and is able to do; thus, pre-requisite skills are another common component of the activity plan. Remember, the assessment process helps determine what skills the child has already developed.

The sequence of activities, type and sequence of materials to be used, length of activity, and potential instructional strategies are four more components of the activity plan. Even though the teacher will probably decide the sequence and components which make up the activities, you

should be able to assist the teacher in her planning by knowing the location of the different materials in the classroom or center. You should know where the audio-visual equipment (filmstrip projectors, overhead projectors, etc.) and the duplicating equipment (ditto machines, mimeograph machines, etc.) are located and how to use them. As you go shopping in the community, you may see items that would be helpful in preschool. By sharing this information with your teacher, you may give her new ideas for her activity plans.

Finally, the activity plan provides a basis for evaluation of the child's performance. As you work through an activity or a sequence of activities, using various materials and instructional strategies, you can determine when the child was successful in an activity and when the child began to have difficulty. In this way, your next activity plan can include those activities, materials, and strategies which were effective and exclude those which proved to be frustrating and ineffective.

A review of the common components of an activity plan include the following:

1. Prerequisite skills
2. Long and short range objectives
3. Length of activity
4. Sequence of activities
5. Materials to be used
6. Potential teaching (instructional) strategies
7. Method of evaluation

Most of the time, teachers record their activity plans in a special notebook. Even though teachers take the common parts of lesson plans into account when writing plans, most simply do not have time to write all these parts in their notebooks. They usually record those parts which help them remember how to conduct the activity effectively. As you gain understanding of your teacher's practices, it will become clearer to you what you are expected to do from the particular parts of activity plans which she records. With your assistance the teacher may be able to do an even more thorough job of organizing and recording activity plans.

It is important to remember that the power of activity planning lies in its potential to utilize and organize the information gathered during the assessment. Using the assessment information and the subsequent objectives derived from that information, the activity plan forces you to consider the number, length, and sequence of activities necessary to meet an objective. It also forces you to consider the kind and sequence of materials that will be used in the activities, as well as any potential teaching or instructional strategies that might be used. Finally, and perhaps most importantly, the activity plan provides a basis for evaluation. What worked for the children?

Activity plans vary greatly according to the number of children doing the activity, time needed to complete the activity, and so forth. Each teacher writes activity plans somewhat differently, also. You should learn which components your teacher writes down. How she sequences the activities, uses available materials, and organizes the classroom to deliver the instructional activities are important things to learn. An example of an activity plan is available on the following page.

As you gain experience, the teacher will use your assistance in implementing activity plans to a greater degree. As you gain training and experience, the teacher may even ask you to help devise some of these plans for children. Any plans you devise, however, must always be approved by the teacher. This is another goal for your team to consider. Activity planning is a time-consuming task for teachers. The more you can help, the more appreciated you will be.

EVALUATION

Purpose

We have discussed assessment and how the information collected during assessment influences the development of long and short range objectives. These objectives determine the type of learning activities to be used with children. We now have to decide if the learning activity actually helped the child achieve the objectives set by the teacher.

If the long range objective was reached and Kathy was able to recognize and name the colors, then your teacher can use this information for determining another objective. If the objective was not reached, it may mean that the child needs to develop another skill or perhaps the materials used in the activity were not appropriate. When an objective is not reached, there can be many reasons. One of the great challenges to you and your teacher is to decide what went wrong when objectives are not reached and how to reach them the next time. This process is called evaluation.

ACTIVITY PLAN

Student: Susie, Jimmy, Sharon

Long Range Objective: To discriminate sounds

Short Range Objective: Given two pitches, children will be able to identify same and different pitches 80% of the time

Prerequisite Skill: Auditory tracking, know language concepts same and different

Length of Lesson: 30 min.

Sequence of Activities	Materials	Strategies
1. Using pictures of animals, solidify knowledge of same and different. 2. Next explain same and different re: sound. 3. Play sounds on xylophone 4. Have children identify same or different sounds	Pictures of animals toy xylophone or piano	Successive approximation: Begin with widely different pitches and same pitches. Gradually make pitches closer or more difficult. Reward with verbal praise.

EVALUATION: Susie and Jimmy accomplished the objective. Sharon did not. She could discriminate the animals. Need further task analysis for her.

Evaluation activities are a part of our daily lives. They are so much a part of our everyday life that we usually take them for granted. We evaluate or judge the movies we see, the music we hear, and the books we read. Many times we make snap judgements about other persons based on our first impressions of them. We are all familiar with such phrases as "love at first sight" or "someone turned you off." Many times we do not give much conscious thought to our judgements or evaluations. We usually are not even aware of our evaluations until someone asks us to state our opinion about something.

Self Evaluation

Everyone likes and needs to know how they are performing in their job. As an instructional associate, you need to know about your effectiveness and about possible changes you can make to become more effective. It is always difficult to evaluate oneself. Just as your teacher may request that you observe her to give her information and feedback on her effectiveness, you should ask your teacher to observe you while working with children. When you first begin working with preschool children, being observed may be somewhat frightening. Very few of us like to be watched closely, but it can be a very beneficial experience if done with the right attitude. The best time for your teacher to observe you is when you first begin working with the children. Early evaluation may prevent you from developing inappropriate habits that will be more difficult to change later. The field of early childhood special education is new. You will probably be observed by other people interested in your program. Therefore, try to be yourself. After awhile, you will be less anxious about being observed.

On-Going and Final Evaluation

Learning activities should be evaluated while in progress. This is called *on-going evaluation.* It requires you and your teacher to evaluate what is being said, what is being done, how the materials and activities are working, and how they effect the child's performance on a given task. If the activity is not working, this evaluation provides the opportunity to make changes as the activity is occurring. This means that you must be flexible and ready to change the components of the activity to help the child in reaching the stated objectives or goals of the activity.

Once the activity has ended, you and your teacher evaluate what happened during the activity. This is called *final evaluation.* Final evaluation helps decide what should be taught next and how to teach it. It should be noted that your teacher is mostly responsible for final evaluation of the children. She will make the decisions about the results of the evaluation. However, the input you provide for this evaluation process is needed and valued by your teacher. In addition, for many

preschool programs receiving government funds, it is mandated that evaluation results be documented through systematic record keeping procedures. You will probably assist your teacher in documenting evaluation results. Finally, to increase the effectiveness of learning activities, you should attempt to examine what has happened during the day on a daily basis.

Evaluation of Materials and Activities

Although time was spent prior to implementing the activity on deciding the appropriate materials and activities for the child, things don't always turn out as planned. Perhaps, instead of enhancing the lessons, the materials were distracting to the student or your directions on how to use the materials were unclear. A Material Checklist has been included at the end of this chapter as a guide for selecting and evaluating materials that you use in instruction.

The way you structure activities is another aspect of the lesson to which you should give some thought. How much student involvement was there? Did the student have the opportunity to progress from something she knew to a new task?

Keep in mind that when and where you teach have an effect upon the outcome of the lesson. Mid-afternoon or just before lunch are probably not the best times to be involved in a complicated or difficult task. Both you and the child are probably hungry, tired, or both. Perhaps changing the physical location of the lesson can have an effect on performance. If you are in the hottest or noisiest part of the room, a change in location may make a big difference.

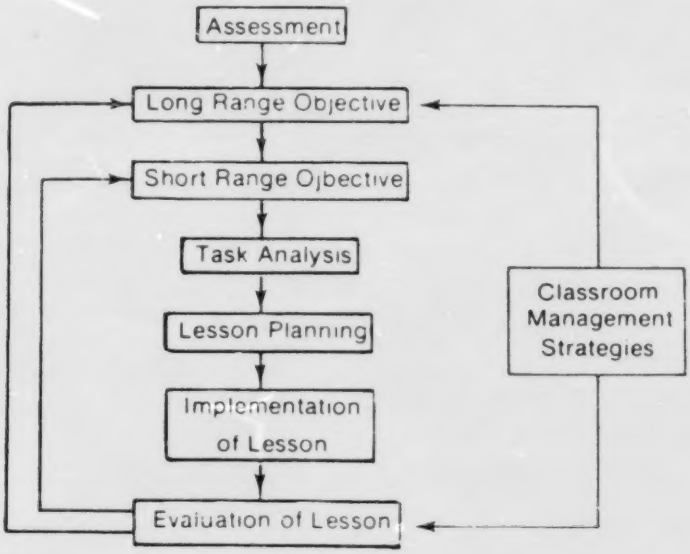
In evaluating your lesson, give some thought to the student's response or lack of response. If the objective was appropriate, and the physical or verbal cues which you gave were appropriate for the student, then again you must examine the materials, activities, and physical conditions of the lesson. An evaluation form has been provided at the end of this chapter which will serve as a guide for you in evaluating your instructional activities. Use it on a regular basis for your own development as an instructional person and for the benefit of the students. The degree your educational team will be able to record results of evaluations of materials and instructional activities will depend on the time your team can afford for such efforts and gains in evaluation skills which you make.

Summary of Evaluation

Evaluation is a systematic process which provides the instructional team with information for future instructional programs. After you have evaluated the lesson, modifications in materials, activities, rewards and cues can be made. Possible modification in program objectives may also result from lesson evaluation. While evaluation is the last step in the process, it really begins the

process over again. The evaluation information feeds back into long range and/or short range objectives at which point the program managers again begin to plan for future instructional needs. Below is a diagram which indicates how evaluation of lessons gives the program manager information to use in the development or modification of a student's long and short term objectives.

Relationship of Evaluation to Program Planning



If the instructional process from assessment to evaluation is to be effective, it requires the involvement and cooperative effort of you and your teacher. Your teacher has the major responsibilities for the development and evaluation of the learning programs of the children. As an instructional associate you are a major resource to her. Your knowledge of assessment procedures, instructional objectives and program planning, and your skills in observation, planning and evaluation make you a valued and needed person in the preschool classroom.

ROLES IN THE INSTRUCTIONAL PROCESS

You have learned that your teacher as the program manager has four major responsibilities. You will recall that these responsibilities were:

1. Assessing the developmental level of each child.
2. Developing instructional objectives for each child.
3. Coordinating personnel to assist in reaching these objectives.
4. Evaluating the programs.

You also learned in the preservice portion that your role as an instructional associate was to assist your teacher in this process by assisting in the:

1. Assessment of child skills.
2. Implementation of instructional objectives.
3. Implementation of instructional activities.
4. Evaluation of instructional activities.

If it is to be effective, the instructional process requires both you and your teacher working together in a partnership. You have individual responsibilities as the instructional associate just as your teacher as the program manager has different responsibilities. It should be remembered, however, that together you form a powerful team. To function well as an effective team you both must work toward a common objective. That objective is to provide appropriate learning experiences for the children. In order to reach your common objective, you must mutually communicate with one another. It also means that you both must discuss the specific roles which each of you hold in the classroom. Open, honest communication and mutual sharing of ideas will help your partnership grow. Your personal and professional relationship is important to consider. If your partnership is a good one, you will be more likely to maximize the effects of instruction for your students.

On the following pages there is a diagram of the ASSIST orientation to the instructional process. It identifies the five major steps in the instructional process and the component parts of each of the steps. It also specifies the individual functions of the teacher as program manager at each step. Your individual functions will depend upon the decisions made by you and the teacher as you progress through the Inservice units. Those decisions will be influenced by your experience, previous training, and particular circumstances of your preschool.

Study this diagram carefully. Refer to it often as you proceed through the remainder of the instructional units. By the end of your training, you should know what role you play in each step.

Role of Program Manager

1. Assessment of developmental level of each child in the motor, language social, personal autonomy, and pre-academic domains.

2. Development of instructional objectives & programs

3. Coordination & planning with personnel to reach above objectives

4. Evaluation of instructional objectives & programs

Instructional Process

Assessment

skill 1.1 Formal Assessment
skill 1.2 Informal Assessment
skill 1.21 Teacher Assessment of Developmental level
skill 1.22 Parent Information
skill 1.23 Direct Observation

Program Planning

skill 2.1 Development of Long-Range Objectives
skill 2.2 Development of Short-Range Objectives
skill 2.3 Task Analysis

Implementation of Lessons

skill 3.1 Ecological Strategies
skill 3.2 Behavior Strategies
skill 3.3 Instructional Strategies (Other)

Planning of Lessons

skill 4.1 Grouping of Students
skill 4.2 Writing Lesson Plans
skill 4.3 Selection of Instructional Materials
skill 4.4 Preparation of Instructional Materials

Evaluation of Lessons

skill 5.1 Self as Instructor
skill 5.2 Instructional Materials
skill 5.3 Strategies & Activities
skill 5.4 Student's Response

ASSIST Activity 1: *Assessment*—Unit 1

Objective: To define observable behaviors.

1. Example: Check those statements that are behaviors.

   _____ Chewing gum
   _____ Thinking about taking a nap

   Chewing gum is a behavior because it can be observed. Thinking is not observable. Can you tell what thinking looks like?

   Check the statements that are behaviors o. tatements about someone else's behavior.

   a) _____ Reading this sentence
   b) _____ Walking out of a room
   c) _____ "My! Mary is grumpy today."
   d) _____ "John, you certainly are daydreaming a lot today."
   e) _____ "Kathy, you are doing a good job putting that puzzle together."

2. Give two possible definitions of behavior for this statement:

   Kevin isn't nice to the other students.
   a)
   b)

ASSIST Activity 1:

1. b, e
2. a) Kevin hits other students
   b) Kevin yells at other students

ASSIST Activity 2: *Assessment*—Unit 1

Objective: To be able to record informal anecdotal observations.

Record, as best you can, a 4-5 sentence anecdotal record of a child you worked with today. Try to be thorough, specific, and behavioral.

ASSIST Activity 2:

Answers specific to your situation

ASSIST Activity 3: *Long Range Goals*—Unit 1

Objective: To be able to identify appropriate long range goals.

Below is a description of a student in a classroom for moderately handicapped students. After reading the description, check the goals which you feel would be appropriate for this particular student for this school year.

Carol is a 4-year old. She behaves appropriately at all times in the classroom, but does not like to play with the children. She learned to walk three months ago.

The appropriate long range goals for Carol this year might include:

_____ 1. To stay in her seat while in the classroom.

_____ 2. To play with other children.

_____ 3. To increase ability to walk.

_____ 4. To ride a bicycle.

_____ 5. To say the alphabet.

If you chose educational goals number 2 and 3, you're doing great. Both of these behaviors are important for adult functioning and Carol would appear developmentally ready for both also. Since Carol started walking only three months ago, we can be relatively certain that she needs to gain further skills in her walking abilities; for example, walking without falling down, making turns, walking side-ways. More information is needed to determine exactly what Carol needs to increase her walking ability, but this is an appropriate educational objective for this year.

Educational Objective 2 (to play with other children) is also appropriate. Assessment information informed us that Carol does not like to play with other children. We know that Carol is in a group situation with other children and one of the first steps in adult relationships is playing with other children. This is appropriate then for adult functioning, however, we need further information to determine at exactly what level of social development Carol is on. Nevertheless, this is an appropriate educational goal for this year.

Educational Objective 1 is not appropriate because the assessment provided us with information that Carol could already do this—"behaves appropriately at all times in the classroom."

Educational Objective 4 is *not* appropriate because it is obvious that if Carol just started walking three months ago, she will not be developmentally ready to learn to ride a bicycle this school year.

Goal 5 is probably not appropriate—more information is needed, however. Saying the alphabet is not necessary to function as an adult. If Carol would be developmentally ready for such an activity, this may be appropriate—but you must be able to explain why it is appropriate. Is saying the alphabet a skill which will lead to reading? What level of reading do you expect Carol to reach when she becomes an adult? Could this time be spent in more valuable ways?

ASSIST Activity 4: *Short Range Objectives*—Unit 1

Objective: To identify the parts of short range objectives.

Here is a short range objective.

Given a t-shirt which is face down on a table in front of the child, and the child standing, she will put the t-shirt on correctly 6 out of 10 times.

First name the three components of short range objectives and then break down the short range.

_____ _____ _____

ASSIST Activity 4:

Conditions	*Behavior*	*Criteria*
Given a t-shirt which is face down on a table in front of the student, and the student standing	she will put the t-shirt on	correctly 6 out of 10 times

ASSIST Activity 5: *Task Analysis*—Unit 1

Objective: To be able to perform a task analysis.

Below is an example of a task analysis. This time fill in 1) what the task is, and 2) the *missing* subtasks of the analysis.

Short Range Objective:

A student sitting in a chair with only her socks on, and a shoe placed on the floor beside her feet will put her foot into the shoe correctly 100% of the time.

Task: _____

Task Analysis:

1. Place foot beside shoe
2. _____
3. Point toe down and toward inside of toe
4. _____
5. Hold back of shoe with index finger
6. Continue pushing foot into shoe
7. _____

ASSIST Activity 5:

Task: To put foot in shoe

Task Analysis:

2. Lift foot over shoe
4. Push toes down into shoe
7. Remove finger

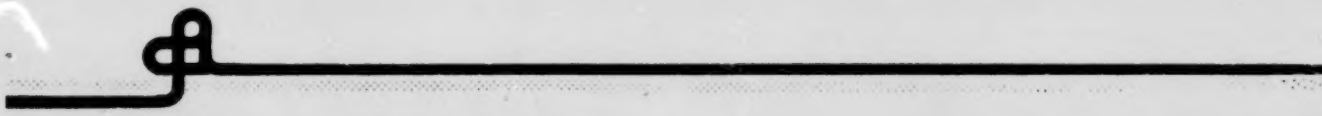
ASSIST Activity 6: *Instructional Strategies*—Unit 1

Objective: To be able to select appropriate strategies.

John is a 5 year old handicapped child. Although he dresses himself alone, he cannot button the 3/4-inch buttons on his jacket. Your teacher has determined that although he can grasp medium size objects but has some difficulty manipulating small ones, he is ready to learn his skill. She also knows that John responds well to praise. She asks for your suggestions in helping John develop this new behavior.

Select the most appropriate method of assisting John learn this skill.

1. Have John wear his jacket an hour each day and assist him in putting the button through the hole saying all the time, "Good job, John."
2. You wear a jacket with 3/4-inch buttons and keep buttoning and unbuttoning it to show him how to do it. You are careful to praise him while you do it.
3. Give John a 2-inch button and material with a slit in it, praise him when he buttons. You move to a 1 1/2-inch, 1-inch, and the 3/4-inch button, and finally to his coat — rewarding him at each step.



ASSIST Activity 6:

If you answered that number 3 was the most appropriate way of teaching John to button his jacket, you were correct. You are well on your way to developing a good understanding of instructional strategies. Number 3 was correct because you:

a) task analyzed what was needed to perform the task and taught it step by step
b) started with the skill John already had—grasping medium-size objects
c) rewarded John at each step

Number 1 is not appropriate because if he does have difficulty in manipulating small objects, then having him work on 3/4-inch buttons, before developing grasping skills of somewhat larger sizes, will not work. You should question, also, making him wear a jacket an hour each day. And, saying "good job" when he hasn't performed the behavior has no effect except to reduce the value of the praise. If you said #2, thinking that it was an example of modeling—look more closely at it. While your showing him to do it is appropriate, it does not help for you to praise him while you button and unbutton your own jacket.

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STUDENT OBSERVATION FORM

NAME: _____

DEFINITION OF BEHAVIOR:

DATE: _____ OBSERVER: _____ TIME: _____ to _____

TALLY: TOTAL: _____

DATE: _____ OBSERVER: _____ TIME: _____ to _____

TALLY: TOTAL: _____

DATE: _____ OBSERVER: _____ TIME: _____ to _____

TALLY: TOTAL: _____

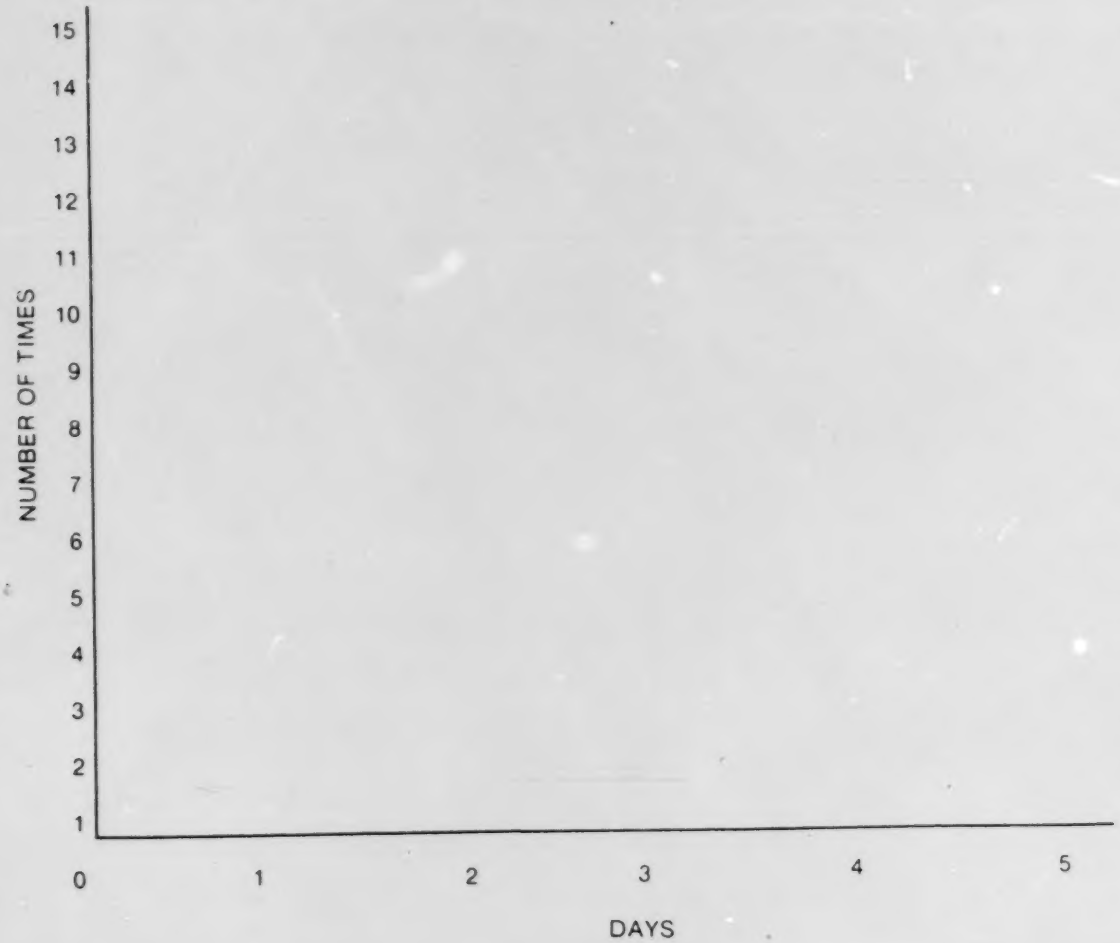
SAMPLE FORM

WEEKLY CHART

Name: _____ Week of _____

Behavior: _____

Observer: _____



Sample Form

INDIVIDUAL OBJECTIVES

Child's Name _____

Date _____

Skill Area _____

Date Comp.	LONG TERM OBJECTIVE
Date Comp.	**SHORT TERM OBJECTIVES**

Sample Form

ACTIVITY PLAN

Student:
Long Range Objective:
Short Range Objective:
Prerequisite Skill:
Length of Lesson:

Sequence of Activities	*Materials*	*Strategies*

EVALUATION:

Sample Form

ASSIST Activity 25: *Evaluation*—Unit 6

Objective: To demonstrate skill in evaluating an activity plan.

ACTIVITY EVALUATION FORM

Objectives:

Was the objective appropriate?	Yes _____	No _____
Was the objective achieved?	Yes _____	No _____
Did you let the student know what the objective was?	Yes _____	No _____

Strategies:

Did you reward for each correct response?	Yes _____	No _____
Did you provide appropriate physical or verbal cues?	Yes _____	No _____
Did you vary your talking and question-asking procedures?	Yes _____	No _____
Did you sequence activities from simple to difficult?	Yes _____	No _____

Materials:

Were materials appropriate to the task?	Yes _____	No _____
Were materials age appropriate for student?	Yes _____	No _____
Did you vary the use of the materials?	Yes _____	No _____

Student:

Did student attend to task?	Yes _____	No _____

If No:

When did she stop attending?		
Were there possible nearby distractions?	Yes _____	No _____
Did she attend when you varied your strategies?	Yes _____	No _____

Sample Form

INSTRUCTIONAL MATERIALS CHECKLIST

CONSTRUCTION:	YES	NO
Is it DURABLE?		
Is it REUSABLE?		
Is it SAFE?		
Can it BE MODIFIED for another student?		
Is it easily STORABLE?		

USAGE:		
How much instruction is necessary?		
Can it be used with a group?		
Can it be used with an individual?		

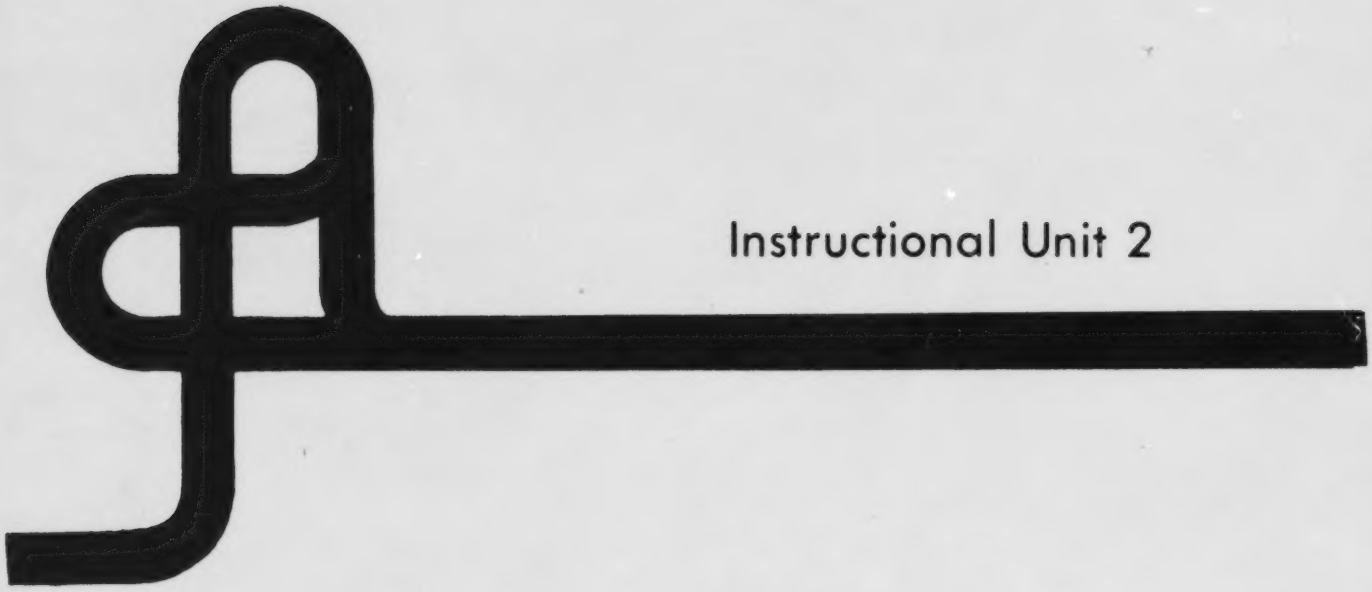
COMMENTS:

EVALUATION:

What other material could have been used?		
Was the material difficult for the child?		
How many different ways can the material be used?		

COMMENTS:

Sample Form



Instructional Unit 2

MOTOR SKILLS

Authors: David Witcher
Richard White

OVERVIEW TO MOTOR DEVELOPMENT

Motor skill development is concerned with the ability of children to control and use body movements to meet their needs. Infants have very little control over their body movements and, therefore, are quite dependent upon adults. They cannot move themselves, feed themselves, dress themselves, etc. To gain independence, children must acquire and refine motor skills.

Motor skills form the foundation for the development of language, social, personal autonomy, academic, and vocational skills. For example, speaking involves the coordination of various facial muscles and mouth organs. Social development skills such as play and imitation require motor skills. Dressing and feeding oneself are personal autonomy skills which require coordinated body movements. Coloring, paper folding, writing, sorting tasks and other academic and vocational skills have a motor base as well. Clearly, much human behavior is based on prerequisite motor skills. A major responsibility of school programs, therefore, is to help children build motor skills so that they can function independently and effectively.

TRENDS IN MOTOR DEVELOPMENT

The development of motor skills is not haphazard. There are general trends or sequences of motor skill development for all children. To help the teacher in the instructional process, you need some knowledge of these general sequences.

First, development of motor skills begins from the head and progresses downward to the tail-end of the child. Children first learn to control head movements, then shoulder, upper back, lower back, hip and leg movements. By the preschool years, most children have developed to the point where they have head, trunk and leg control. They can walk, run, and jump. Some children, however, may still have an awkward posture or walking gait. Others may have difficulty hopping on one foot and skipping. Severely handicapped children may not be able to sit or even hold their heads erect.

A second trend in motor development is the progression of motor skills from the center of the body outward to the arms, hands, legs, and feet. For example, skills related to shoulder and arm control are usually acquired before children learn to grasp and hold with their hands. Most preschool children are still refining skills related to use of their body extremities (arms, hands, legs, and feet). Some handicapped children will still be struggling to control and coordinate skills related to head and back control, such as sitting up and rolling over.

Hand in hand with the first two trends is a third trend often called the gross to fine motor trend. This progression is from large muscle (gross) to small muscle (fine) control. As the child matures, motor activities become more specific, efficient, and graceful. As you proceed through this unit, you will learn to discriminate between gross and fine motor skills. You will see how instruction of the individual child takes into account these trends in motor development.

REFLEX MOVEMENT

In the newborn infant, posture, balance, and movement are controlled by a set of involuntary movements called reflexes. A reflex is simply a set, predictable movement that occurs automatically in response to some stimulus. Some reflexes can be triggered by a loud noise, touching some part of the body, or moving the body in some way. In the Babinski reflex, for example, the baby's toes fan out when the bottom of the foot is stroked lightly. In the neck righting reflex, when the child is placed on his back and the head is turned to one side, the body rotates as a whole toward the side to which the head is turned.

Reflex movements serve several functions. Some reflexes such as the sucking reflex, are essential for the newborn to obtain nourishment. Others seem to alert and orient the infant to conditions in the environment. Still others serve a protective function.

In the course of motor development, simple reflexes fade into more complex ones, and these in turn blend into voluntary movements. As the child matures, these involuntary reflex movements are gradually brought under voluntary control. The reflex domination of posture, balance, and movement gradually gives way to experience and practice, until voluntary, skilled mobility is achieved.

One problem encountered in many motorically handicapped children is the persistence of certain reflexes past the age when they are normally brought under voluntary control. Until these reflexes give way to voluntary control, progress toward independent mobility will be difficult or impossible. These reflexes which normally appear sometime after birth and then fade out before the age of five, prepare the child for rolling, sitting, and crawling. A second problem seen in motorically disabled children is the absence or delayed development of certain other reflexes. These other reflexes normally appear during the first year and persist throughout life. They function to protect the child and enable her to maintain balance in an upright position. These problems are often associated with physical handicaps such as cerebral palsy.

Assessment and programming for children experiencing difficulties in the area of reflex development is a very difficult task. Usually, a professional physical therapist is required to assess and plan for children experiencing reflex development problems. In a few cases, your teacher may have acquired skills in assessing and planning for such motor handicapped children. As the instructional associate, you will be asked to help put the plans of the physical therapist or teacher into practice. Certain physical exercises can help the child gain more voluntary control. This description should help you understand the reasons behind the plans of the teacher or physical therapist.

Another contribution you can make is to observe and record, as specifically as you can, any peculiar movements the child commonly makes and pass them on to the teacher. For example, one team's instructional associate noticed that Jeremy had difficulty maintaining balance in a sitting position. Often he would throw his arms up and out when he leaned backward too far while sitting. This movement increased the imbalance. She presented this information to the teacher and the teacher relayed the information to the physical therapist. The physical therapist explained that Jeremy had a "persistent startle reflex." In normal babies, the arms will be thrown out and up when the child is leaned backward in a sitting position. In Jeremy's case, the reflex had not yet been brought under control and was interfering with independent sitting ability. The physical therapist was able to provide the educational team with activity suggestions to help Jeremy, thanks to the instructional associate's observation skills.

Most importantly, the persistence of certain undesired reflexes and the absence of other desired reflexes can be dangerous. In Jeremy's case, the chances of falling were increased by the persistent startle reflex. In other children, lack of desired reflex development can be just as dangerous. For example, when nonhandicapped children and adults fall forward, there is a natural movement, called the "parachute reaction" or "reflex," to thrust the arms out to break the fall. Naturally, if this reflex has not developed, a front fall is much more dangerous.

Therefore, the educational team must be very safety conscious. Of course, this is true in all preschool settings. Scissors, pencils, woodworking tools, etc. can be very dangerous tools for children. While the risk of using these tools must be accepted to provide learning opportunities, supervision is essential. Keep a sharp look-out at all times. Learn to be on guard against potential hazards such as water spills on the floor, sharp protruding table ends, slippery stairways, etc. The teacher most probably will have set up some rules of safety for the children. Learn them and follow them. Unfortunately, it is also essential for you to know the routine for times when accidents occur, as they surely will.

ACQUIRED VOLUNTARY MOVEMENTS

So far we have traced the progression of motor skills through the emergence of patterns of reflex movement. Next, motor development progresses to the useful, voluntary movements which

the child gradually masters. It is customary to divide these controlled movements into a sequence of *gross motor skills* and a sequence of *fine motor skills.* Both gross and fine motor skills follow a pattern or sequence of development. Key ingredients in the rate of a child's progress are opportunity and encouragement for practice.

GROSS MOTOR DEVELOPMENT

Roughly speaking, gross motor skills are those which involve the use of large muscle groups. They control the movements of the head and neck, the arms, the upper trunk, the legs and the lower trunk. As children refine gross motor skills, those skills are applied in the games and other play activities customary for children in our society. Gross motor skills can be divided into several types of skills.

First, there are extension skills. A baby's neck, arms, hands, legs, and feet are all pulled in close to the trunk. As the infant matures, she gradually looses this flexed posture. Reflex control is gradually replaced by voluntary control as the infant learns to extend her trunk and limbs. This total extension pattern begins with the head and neck and proceeds down through the body, until the infant is free of the flexed posture she had at birth.

At the same time, a second type of gross motor skills is unfolding. The infant learns to lift her head and trunk off the ground and to turn her head without turning the entire body. Then, she is able to follow the movement of objects and persons in a wider and wider range around her. The visual and motor skills involved here are referred to as visual tracking skills.

A third type of gross motor skills is composed of the so-called anti-gravity postures. Included in this type are the strengths and skills the young child develops to counteract the force of gravity. These skills are often referred to as "motor landmarks." Each new skill brings with it new possibilities for observation, investigation, and discovery. Each motor landmark in some way

extends the child's ability to take independent initiative in manipulating the environment. A list of the more important motor landmarks would have to include:

1. Lifting the chin and head (head control is necessary for virtually any skilled independent movement.)
2. Rolling over (from stomach, or prone position, to back, or supine position and back again.)
3. Moving from a lying to a sitting position (prerequisites include head control and adequate body strength.)
4. Sitting (crossed or straight legged depending on the individuals limitations and abilities.)
5. Crawling
6. Standing with Support
7. Standing Alone
8. Cruising (walking using props, such as furniture pieces, for support.)
9. Walking
10. Running, climbing stairs, jumping, hopping, etc.

As the child grows through the school years, we expect to see continued gross motor development in the direction of increased speed, strength, agility, versatility, precision, and a smoothness of execution. Interestingly enough, there seems to be very little relationship among different gross motor abilities. A child who is quick to master one skill may be slow to catch on to another, and vice versa. A child who walks early may still have a hard time learning to throw a ball. And another child who stands and walks late may quickly learn to ride a tricycle. Again, one must always focus on the individual when providing instruction.

LIFTING, HANDLING, AND POSITIONING THE MOTOR IMPAIRED CHILD

If you serve children who lack the usual gross motor skills, your instructional and caregiving responsibilities in the classroom may require you to carry children from one place to another and put them into position for specific activities. Abnormalities in posture and movement often make it difficult to handle safely and comfortably even the small child with motor impairments. Handling and positioning these children in a consistently appropriate manner will help to suppress abnormal posture and movement. It will increase the child's potential to develop appropriate movement patterns and motor skills. For one thing, proper positioning and handling of the child prevents the growth of abnormal reflexes and helps to minimize abnormal muscle tone. That is to say, it will relax muscles that are too tight and strengthen muscles that are weak, loose, or erratic. Permanent injury to muscle tissue can result from lack of proper positioning.

Proper positioning and handling usually involve adaptations of the basic developmental positions (lying, sitting, standing, and so forth) and, of course, they are always related to the child's developmental status. Some general guidelines for positioning and handling the physically disabled student follow:

1) As a general rule, you will want to position the child so as to achieve the opposite of whatever abnormal patterns the child typically exhibits. The distribution of muscle tone throughout the child's limbs can most effectively be controlled by providing support at several key points on the body: at the back of the neck, at the shoulder girdle, and at the lower back. Force should *never* be applied directly to an uncooperative limb. As the child gradually masters independent head and trunk control, you can gradually move the control points down her body.

2) Provided that the child possesses adequate strength and balance, dynamic (moveable) positions are preferable to static (fixed) positions. Standing at a table is a dynamic position. Reclining in a wheelchair is a static position.

3) The child should not be supported all the time; rather, she must be regularly challenged to develop independent control.

4) The child should never be left in one position for longer than an hour. If any body part is forced to bear weight for an extended period of time, the flow of blood through that body-part will be impeded. The tissues near the point of pressure will begin to deteriorate, and a *decubitus ulcer*, or "bed sore" will develop.

5) When bones are not regularly subjected to movement and stress, they tend to become brittle and break very easily. Consequently, it is very dangerous to pull a physically impaired child by her hands or feet or to apply force directly to a body-part that is resistant to movement.

6) Since the focus of the school program in physical motor development is on independent mobility, lifting and carrying the child should be kept to a minimum. When you do have occasion to carry a child, support for the head, shoulders, and hips, as outlined above, is important. And again, as the child learns to control her head and trunk, your points of control can be lowered.

7) There are several more specific strategies for lifting and carrying the physically disabled student. A physical therapist would be able to show you how to execute them safely and with a minimum of strain on your own muscles, if your team needs assistance.

FINE MOTOR DEVELOPMENT

Fine motor activities are those which involve the use of small muscles in reaching, holding, grasping, and manipulating objects. These skills make possible the use of the hands and fingers (and sometimes the feet and toes as well) in useful and purposeful ways. As the sequence of fine motor skills unfolds, large muscle patterns discussed above are sharpened and refined into precise and efficient small muscle movements.

Most fine motor skills fall somewhat between the reflexive grasping during infancy to purposeful manipulation of objects and tools in later childhood. The development of these skills is emphasized during the primary school years, because mastery is a prerequisite for learning other skills. It is the job of the school to see to it that children begin their formal schooling with as high a level of fine motor competence as possible. Some school programs serving handicapped children are fortunate to have occupational therapists. Occupational therapists help children with fine motor skills while the physical therapists focus is on gross motor skills. The emphasis for occupational therapists is on the use of fine motor skills to achieve personal autonomy skills. Again, your responsibility is to implement recommendations of the teacher and occupational therapist and provide accurate feedback.

TYPES AND DEGREE OF MOTOR IMPAIRMENT

Motor impairments range from very severe conditions to very mild conditions. Severe impairments imply that the child has little gross and fine motor control. Children with severe motor impairments are often referred to as very "physically involved."

Physical involvement or lack of voluntary control usually results from various health, nervous system or orthopedic impairments. The results of these disorders produces different kinds of motor problems. Some handicapped children have "spasticity." The spastic child's muscles are tight and tense. Her limbs are stiff and resistant to movement. Whenever any tension is put on a spastic muscle, it often responds with jerky, uncontrolled movements. This dramatic increase in muscle tone leads to an exaggerated flexion (inward bending) in the limbs affected.

Another group of handicapped children have "athetosis." The athetoid child's muscles are erratic. Her limbs are subject to contorted and uncontrollable movements. Instead of a smooth and regular performance, the child exhibits random, twisting, and sometimes very bizarre movements of the head and extremities.

Another smaller group of handicapped children have "ataxia." The ataxic child lacks a sense of balance and a sense of the position of her body in space. Consequently, her posture and movements are clumsy and uncoordinated.

Motor problems also vary according to the particular limbs that are impaired. The following terms are typically used to describe different conditions:

Monoplegia: when only one limb is affected.

Hemiplegia: when the motor disturbance involves the limbs on one side of the body only.

Paraplegia: when the legs and feet are affected.

Diplegia: when there is major impairment in the legs with minor problems in the arms.

Quadraplegia: when there are major motor disturbances in all four limbs.

SPECIAL EDUCATION PROSTHESES AND ADAPTIVE EQUIPMENT

We have seen that programming for physical and motor development involves assessing the presence of crucial skills and then teaching for their performance. In the case of the motorically impaired student, it may sometimes be necessary to provide a "prosthesis" to compensate for the child's inability to master an independent performance.

A prosthesis is any device which helps the individual function better. Its general purpose is to increase self-sufficiency and bring about higher levels of accomplishment in the disabled child without calling undue attention to her disabilities or inadequacies. Prostheses and other adaptive equipment may be employed either:

1) to reduce the amount of effort and degree of motor coordination needed to perform a particular activity, or

2) to provide an alternative means of executing a motor activity.

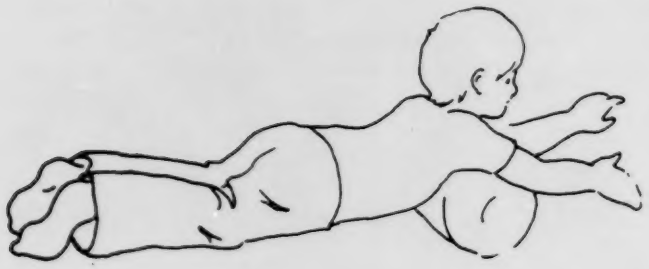
Any program of prostheses must be highly individualized. Hopefully, the selection of items both commercial and homemade can be done cooperatively by the teacher, the physical, and/or occupational therapists. Again, the overall goal is to put a little technology to work to minimize the disabilities imposed on the individual by her motor condition.

The most familiar prostheses and adaptive equipment are geared toward increasing mobility. The selection, maintenance, and use of braces and artificial limbs is a rather technical matter that must be overseen by a physical therapist. Upright walkers are often employed to reduce weight-bearing on the legs and to provide stability and support in walking. Their design is guided by a consideration of the degree of head control, balance, and upper body strength the individual possesses. The general idea is to enhance movement in the lower extremities without unduly limiting the amount and range of motion in the arms and hands. Wheelchairs come in a wide variety of models. They can be motorized; they can be modified to collapse, recline, elevate, and stand; and they can be equipped with various attachments to facilitate toileting, carrying, and general safety.

Many clever lifesupport aids have been devised to enhance the fine motor functioning of motorically disabled persons, also. Eating and drinking aids (vacuum and suction cups, rotating plates, strap-on utensils, etc.) are commonly employed to contain food and to make it easier for

the individual to manipulate food and bring it to the mouth. Many devices are available to make toileting safer and more convenient. Clothing is frequently modified with wide openings, simple fastenings, and durable fabric. Finally, familiar bathroom supplies, grooming tools, kitchen utensils, and other household equipment are modified to facilitate personal grooming and hygiene.

These are only a few of the special educational prostheses and pieces of adaptive equipment you may encounter in the classroom. You will want to familiarize yourself with these and other special devices and materials used to treat physical impairments, improve motor coordination, and facilitate academic instruction.



Keep in mind that nondisabled children acquire and perform motor skills in connection with learning some specific adaptive response to their environments. The same thing holds for motorically disabled children. Prostheses and other adaptive equipment should not be used simply as a means of motor control. Instead, they should be designed and selected with an eye toward increasing the child's capacity to engage effectively in self-care, social interaction, academic pursuits, or some other meaningful activity. Finally, it is important to see to it that the special equipment employed to improve a child's functioning in one skill area does not limit her possibilities for independent functioning in other skill areas.

If you serve children who use prescribed adaptive equipment, be sure to ask the teacher if the parent has provided any information concerning their use. Parents are usually experts on the use of their child's devices. They are valuable resources of information concerning these matters.

Finally, the use of adaptive equipment raises the issue of safety once again. Wheelchairs can be locked in place. Other devices have safety releases. Again, parents can often help the team become aware of any potential dangers.

THE INSTRUCTIONAL PROCESS: FRANK

Frank was a four-year-old boy with little voluntary muscle control entering a special preschool program for handicapped children. Upon entering the program, the teacher, instructional associate, physical therapist, and Frank's parents met to discuss the development of a challenging appropriate educational plan for Frank. Frank was described as "cerebral palsied," very "physically involved," "spastic," "quadraplegic," and "grand mal seizure prone." These very technical, often frightening terms, are very general descriptions, however. The educational team knew that children described the same way have unique strengths and weaknesses. Only after much discussion with the physical therapist and Frank's parents, and only after much observation was the educational team able to pinpoint Frank's individual developmental skills.

An assessment of Frank's reflex development was conducted by the physical therapist. Reflex assessment indicated that Frank exhibited several reflexes which should have disappeared by his age. Also, several protective reflexes which should have developed had not, due to the spasticity of his muscles. The educational team knew that this lack of reflex development was causing Frank difficulties in sitting independently

Gross and fine motor assessment was conducted by the teacher, instructional associate, and physical therapist using the checklists on the following pages. Frank had mastered visual tracking and head control gross motor skills. He had acquired beginning fine motor skills, also. The teacher noticed that although Frank had been termed "quadraplegic," his right hand was

Child's Name Frank

Date 10-20

Skill Area Gross Motor

Date Comp	LONG TERM OBJECTIVE
	To sit with normal back support.
Date Comp	**SHORT TERM OBJECTIVES**
	When placed in his wheelchair without upper body support, Frank will be able to sit upright for 5 seconds, 66% of the time.

Name: Frank
Date: 10-14
Observer: M. Turner

GROSS MOTOR CHECK LIST

Acq. = Skill Acquired
Main. = Skill Maintained
Gen. = Skill Generalized

Skills circled are considered to be developmental landmarks.

CODE

- + = Yes, as stated
- ⊙ = Yes, with adaptations
- 0 = No, with or without adaptations
- ? = Noncompliance
- = Inappropriate for child

Skill	Acq.	Main.	Gen.
1. Eyes move	+	+	+
2. Shifts gaze	+	+	+
3. Tracks horizontally	+	+	+
4. Tracks vertically	+	+	+
5. Tracks circle	+	+	+
6. Tracks adult	+	+	+
7. Eyes move	+	+	+
8. Tracks falling object	+	+	+
*9. Tracks 180 degree	+	+	+
10. Lifts head	+	+	+
11. Head-side to side	+	+	+
*12. Pulls head upright	+	+	+
*13. Lifts head/neck	+	+	+
14. Lifts head/neck/chest	+	+	+
15. Head control	+	+	+
16. Sits-head erect	⊙	0	0
*17. Straightens upper back	0		
18. Straightens upper/lower back	0		
19. Head initiates turn	0		
20. Sits self-supported	0		
21. Backward sit protection			
*22. Sits (Indian style)			
23. Moves from sitting to lying			
24. Rolls from stomach to back			

25. Rolls from back to stomach			
26. Turns ¼ circle			
*27. Crawls on stomach			
28. Pushes to sit from prone			
29. Creeps			
30. Stands when placed			
*31. Pulls to stand			
32. Walks holding hand			
33. Moves from stand to sit			
34. Side steps			
*35. Cruising			
36. Walks (one hand support)			
37. Toddling			
38. Stands without support			
39. Kneels without support			
*40. Pulls to stand (without support)			
*41. Walks			
42. Avoids obstacles			
43. Gets in chair-out backwards			
44. Climbs out forward			
45. Creeps up stairs			
46. Creeps down stairs			
47. Walks up stairs			
*48. Walks down stairs			
49. Plays/rocking horse			
50. Plays/swing			
51. Slides			
*52. Runs			
53. Jumps			
*54. Hops			
55. Skips and/or gallops			
56. Catches a ball			
*57. Throws a ball			

Name: Frank
Date: 10-15
Observer: M. Turner

FINE MOTOR CHECK LIST

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Main. = Skill Maintained
Gen. = Skill Generalized

Skills circled are considered to be developmental landmarks.

CODE:

+ = Yes, as stated
⊙ = Yes, with adaptations
0 = No, with or without adaptations
7 = Noncompliance
/ = inappropriate for child

Skill	Acq.	Main	Gen.
1. Reflexive Grasp	+	+	+
2. Holding	+	+	+
3. Opens and closes hand voluntarily	+	+	+
4. Extends arms in play	⊙	⊙	⊙
5. Reaches for object	⊙	⊙	⊙
*6. Reaches/touches objects	⊙	⊙	⊙
7. Reaches/grasps/holds	⊙	⊙	⊙
8. Plays using hands	⊙	⊙	⊙
*9. Scoops/rakes objects	⊙	⊙	⊙
10. Palmar grasp	⊙	⊙	⊙
11. Uses thumb to grasp	0		
*12. Pincer grasp	0		
13. Drops small object	0		
14. Places object	0		
15. Manipulates one way	0		
*16. Manipulates	/		
17. Recognizes objects			
18. Assembles blocks			
*19. Assembles puzzle			
20. Holds/marks with crayon (Palmar grasp)			
21. Vertical/horizontal/ circular scribbling			
*22. Imitates vertical/ horizontal/circular	/		
23. Copies colored pattern			
*24. Cuts with scissors			

much less "physically involved" than his left. In fact, the inability of Frank to control the spastic, erratic movements of his left hand and arm interfered with use of the right hand.

Since Frank did not have adequate trunk control and since he was hampered by lack of reflex development, he could not sit independently without special support. The physical therapist suggested that Frank be placed in a wheelchair with feet, body, and left hand supports (restraints) to see if the added support would help Frank sit and use his preferred hand more effectively. It would prevent abnormal posture from developing in the left arm as well. This adaptation really helped. Frank could visually track better since his erratic left arm movements were not interfering with head control. His fine motor skills of grasping and releasing were enhanced by the sitting position and the restraint of his left arm. The physical therapist was hopeful that Frank would acquire greater upper and lower back strength by sitting more often instead of lying.

Another concern was with Frank's seizures. Supports can be dangerous when the child is having a seizure. Therefore, Frank's body and limbs were restrained only when he was closely supervised. When Frank began experiencing a seizure, he had to be quickly released and gently helped to the floor.

From the assessment information and prescribed adaptations, the teacher and physical therapist felt that one appropriate challenging long range objective in the area of motor development for Frank was:

To sit independently with normal back support.

One short range objective was:

When placed in his wheelchair without the chest support, Frank will be able to sit upright for 5 seconds, 2 out of 3 attempts.

The instructional associate asked the teacher and the physical therapist if it would be appropriate to loosen the chest restraint a little more each time so that Frank had to exercise more and more upper and lower back control. They implemented the idea, and gradually the chest support was eased. Frank's back control did increase. Soon, to the delight of the team and Frank's parents, the chest restraint became unnecessary; Frank could sit with normal back support. The team became confident that with continued exercise and help from his parents, Frank would learn to sit independently without any back support at all. With appropriate creative adaptations, they thought he might even stand and walk. They knew, however, that the small steps they were currently making were very significant to those hopes.

Another adaptation implemented by the physical therapist for Frank was the use of a "prone-tilt table." This piece of adaptive equipment gave Frank the sensation of standing and enabled him to take part in more of the classroom fine motor activities. This standing position seemed to make it even easier yet to use his right hand.

For children with severe motor handicaps like Frank, your teacher will most probably request assistance from a professional physical therapist or occupational therapist. These professionals are knowledgeable about many prostheses, positioning strategies, and motor exercises which aid the performance of motor handicapped children. Your responsibility will be to implement, under the teacher's supervision, any suggestions the physical or occupational therapists may make. Your observation skills are very important to these personnel Any environmental conditions which seem to hinder or help a child's motor performance should be reported. Any peculiar body movements should be reported. These improvements may make additional adaptations or instructional objectives possible.

THE INSTRUCTIONAL PROCESS: FANTHA

Fantha is a five-year-old girl entering her community kindergarten. After several weeks of observation the educational team felt that Fantha was experiencing motor difficulties. She consistently knocked over chairs and bumped into tables. She would stumble up the school stairs. On the playground, she did not play on the swings. During one playground period, the instructional associate found that Fantha could not hop, skip, or gallop-skip. While she could walk, run and jump, many of the more complex gross motor skills had either not been acquired or were immaturely developed.

The teacher observed that in addition to her general awkwardness, Fantha seemed to have difficulty focusing on small objects in the classroom during fine motor activities. During a phone conversation Fantha's mother said that she had always felt Fantha was a little "uncoordinated." The mother also said Fantha had not had a visual examination. Fantha was referred to the school nurse who had an optometrist do a visual screening. The results of the screening showed that Fantha had "amblyopia" or "lazy-eye." Amblyopia results from eye muscle imbalance and leads

Fantha had a form of "amblyopia" or "lazy-eye." This type of amblyopia results from eye muscle imbalance and leads to dimness and decrease of vision. The nurse praised the teacher for her astute observation and quick action since amblyopia, as well as many other visual impairments, can be corrected if diagnosed early. A visual remediation program was immediately implemented and prescriptive glasses provided.

The preschool is an obviously important setting in which to conduct observation and screening of children for visual problems. In your role as an instructional associate, you will have ample opportunity to observe children and to watch for any of the following behavioral indicators of possible visual defects:

--any peculiarities in the child's stare.
—complaints from the child about an inability to see, blurred vision, burning or itching in the eyes, dizziness, etc.
—swollen, red, or encrusted eyes.
—avoidance of or unusual approaches to close-eye work (squinting, tilting the head, holding objects close-by, etc.)
—unusual awkwardness in gross motor activities (running, climbing stairs, throwing and catching, etc.)

Fantha wore her glasses proudly. However, the gross motor and fine motor problems did not disappear. Instruction and repeated opportunities for practice were still very necessary. Results of gross motor and fine motor assessment for Fantha are available from the checklists on the following pages.

Some of the long range goals selected by the teacher were:

1. to skip (gross motor)
2. to swing (gross motor)
3. to cut with scissors independently (fine motor)

The principle and methods of task analysis were very helpful in reaching these goals. The instructional associate taught Fantha the "hop-skip" game. Since Fantha could walk and hop on one foot, they used those prerequisite skills to learn skipping. Fantha learned to step with the left foot, hop on the left foot; step on the right foot, hop on the right foot; etc. Soon Fantha could be heard on the playground talking to herself saying "step, hop, step, hop." At first, her skipping skills were awkward. With practice, however, she became much more graceful.

The same type of procedure, breaking a task down into teachable steps, was used to teach Fantha to swing. Steps derived by the team included:

Name: Fantha
Date: 11-7
Observer: S. Barker

GROSS MOTOR
CHECK LIST

Acq. = Skill Acquired
Main. = Skill Maintained
Gen. = Skill Generalized

Skills circled are considered to be developmental landmarks.

CODE:

- = Yes, as stated
⊘ = Yes, with adaptations
0 = No, with or without adaptations
? = Noncompliance
* = inappropriate for child

Skill	Acq.	Main.	Gen
1. Eyes move			
2. Shifts gaze			
3. Tracks horizontally			
4. Tracks vertically			
5. Tracks circle			
6. Tracks adult			
7. Eyes move			
8. Tracks falling object			
*9. Tracks 180 degree			
10. Lifts head			
11. Head-side to side			
12. Pulls head upright			
13. Lifts head/neck			
14. Lifts head/neck/chest			
15. Head control			
16. Sits-head erect			
*17. Straightens upper back			
18. Straightens upper lower back			
19. Head initiates turn			
20. Sits self-supported			
21. Backward sit protection			
*22. Sits (Indian style)			
23. Moves from sitting to lying			
24. Rolls from stomach to back			

25. Rolls from back to stomach			
26. Turns ¼ circle			
*27. Crawls on stomach			
28. Pushes to sit from prone			
29. Creeps			
30. Stands when placed			
*31. Pulls to stand			
32. Walks holding hand			
33. Moves from stand to sit			
34. Side steps			
*35. Cruising			
36. Walks (one hand support)			
37. Toddling			
38. Stands without support			
39. Kneels without support			
*40. Pulls to stand (without support)			
*41. Walks			
42. Avoids obstacles			
43. Gets in chair-out backwards			
44. Climbs out forward			
45. Creeps up stairs			
46. Creeps down stairs			
47. Walks up stairs	+	+	+
*48. Walks down stairs	+	+	+
49. Plays/rocking horse	+	+	+
50. Plays/swing	O		
51. Slides	O		
*52. Runs	+		
53. Jumps	+		
*54. Hops	O		
55. Skips and/or gallops	O		
56. Catches a ball	O		
*57. Throws a ball	O		

Name: Fantha
Date: 11-8
Observer: S. Barker

FINE MOTOR CHECK LIST

Acq. = Skill Acquired
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Gen. = Skill Generalized

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0 = No, with or without adaptations
? = Noncompliance
/ = Inappropriate for child

Skill	Acq.	Main.	Gen.
1. Reflexive Grasp	+	+	+
2. Holding			
3. Opens and closes hand voluntarily			
4. Extends arms in play			
5. Reaches for object			
*6. Reaches/touches objects			
7. Reaches/grasps/holds	✓	✓	✓
8. Plays using hands			
*9. Scoops/rakes objects			
10. Palmar grasp			
11. Uses thumb to grasp			
*12. Pincer grasp			
13. Drops small object			
14. Places object			
15. Manipulates one way	✓	✓	✓
*16. Manipulates			
17. Recognizes objects	⊕	0	⊕
18. Assembles blocks	⊕	0	⊕
*19. Assembles puzzle	⊕	0	⊕
20. Holds/marks with crayon (Palmar grasp)	⊕	0	⊕
21. Vertical/horizontal/ circular scribbling	0		
*22. Imitates vertical/ horizontal/circular	0		
23. Copies colored pattern	0		
*24. Cuts with scissors	0		

1. Take beginning position (hands on chains/ropes; legs flexed down)
2. As the adult pushes the swing up (forward), legs go up. Say, "swing up; legs up." (Children with receptive language problems may need physical prompts.)
3. When the swing goes down (backward), legs go down. Say "Swing down; legs down." (Use physical prompt, if necessary.)
4. When legs go up, pull on chains/ropes.
5. When legs go down, push on chains/ropes.

Soon Fantha could be heard shouting, "Up! Down!" and later "Pull! Push!"

Fine motor skills improved as Fantha's eye muscle strength developed. Activity plans were devised by the educational team to refine Fantha's ability to use pencils, crayons, and scissors. On the next page is an example of one of the team's activity plans.

SUMMARY

Learning motor skills is not easy for any child. Children fall off bikes, trip on stairs, get hurt by thrown baseballs, etc. By overcoming these obstacles, however, children gain a sense of accomplishment and a sense of pride in their efforts. Moreover, they gain skills which are necessary for the acquisition of more complex social, language, and academic skills.

In the past, the learning of motor skills for handicapped children was so difficult that the effort often proved too great. The inability of severely handicapped children to move, feed themselves, communicate their needs even through gestures led to loss of motivation. Loss of motivation led to less eye contact, loss of muscle tone, and little motor development. For too many severely handicapped children, their perception of the world was the ceiling over their beds.

ACTIVITY PLAN

Student: Fantha, James, Seymour
Long Range Objective: 1. To use scissors, 2. To hold crayon appropriatel.
Short Range Objective: 3. To trace accurately.
Prerequisite Skill: Given the following materials, students
Length of Lesson: will be able to complete the activities and finish the product. 40 minutes

Sequence of Activities	Materials	Strategies
1) Trace animals 2) Cut animals out 3) Paste animal figures on black construction paper.	Construction paper Crayons Scissors paste	1) Give verbal instruction 2) Demonstrate if verbal instruction is inadequate 3) Give physical assistance if demonstration inadequate 4) Reinforce each sequence 5) Put ☺ on final effort and hang on b-board

EVALUATION:

Children liked it. Worked well. Little assistance necessary. James helped Fantha in a positive way.

For mildly handicapped children, the ridicule and failure resulting from the inability to play games well with their peers and take full advantage of their environment led to an unnecessarily limited development. Failure interferes with the motivation to explore, discover, and play. Without the motivation to explore, children will have much more difficulty learning skills necessary for independent functioning.

Motor skills, therefore, are crucial. The time the preschool team allots for play activities and object manipulation is just as important as the time allotted for pre-academic skills. Time allotted for motor skill development must be well planned, also. Too often, educators have presumed that development of motor skills will "just happen." For motorically handicapped children, development will not just happen. The educational team must observe and plan carefully to increase the acquisition, maintenance, and generalization of motor skills. As you gain experience and build upon the knowledge gained from training, your observations, suggestions, ideas, and other contributions will help the teacher derive better programs for children.

ASSIST Activity 1: *Reflex Development*—Unit 2

Objective: To demonstrate knowledge of reflex and gross motor development

Fill in the blanks with the best entry from the list below.

1. _____ are set automatic movements in response to some stimulus.
2. _____ in handicapped children must give way to voluntary control before independent mobility is possible.
3. _____ may impede self-protection and therefore increase safety concerns.
4. The ability to follow the movement of an adult across the room is an example of a _____ gross motor skill.
5. The ability of the maturing baby to open the hand from the fist position is an example of _____ skills.
6. Standing is a _____ posture and is considered to be a _____.

a. motor landmark
b. extension
c. reflexes
d. persistent reflexes
e. absent reflexes
f. dynamic
g. visual tracking

ASSIST Activity 1:

1. c
2. d
3. e
4. g
5. b
6. f, a

ASSIST Activity 2: *Gross and Fine Motor Development*—Unit 2

Objective: To differentiate between gross motor and fine motor skills.

Classify the following skills. Use "G" for gross motor skills and "F" for fine motor skills.

1. _____ stacking wooden blocks one atop the other.
2. _____ throwing a ball.
3. _____ pedaling a tricycle.
4. _____ tying shoes.
5. _____ coloring with crayons.
6. _____ getting in and out of a chair.
7. _____ climbing stairs.
8. _____ putting together a puzzle.
9. _____ writing letters from the alphabet.
10. _____ opening a birthday present.
11. _____ hitting a ball with a stick.
12. _____ rolling from stomach onto back.
13. _____ turning on a television.
14. _____ eating a bowl of cereal.
15. _____ crawling on hands and knees.
16. _____ lifting the head while lying down.
17. _____ turning the pages of a book.
18. _____ hopping on one foot.
19. _____ cutting with scissors.
20. _____ pouring liquid from pitcher to cup.

ASSIST Activity 2:

1. F	11. G
2. G	12. G
3. G	13. F
4. F	14. F
5. F	15. G
6. G	16. G
7. G	17. F
8. F	18. G
9. F	19. F
10. F	20. F

ASSIST Activity 3: *Positioning* —Unit 2

Objective: ***To demonstrate knowledge of positioning, handling and adaptive equipment.***

Place a T in the blank if the statement is true; F if false.

1. _____ Never carry a child.
2. _____ Always have the child adopt her most natural comfortable position.
3. _____ Try to position the child to achieve the opposite of any abnormal postural pattern.
4. _____ Usually support the child by the limbs, not by trunk support.
5. _____ Challenge the child to develop independent control.
6. _____ Put force on uncooperative limbs when necessary.
7. _____ Move the child only if she complains.
8. _____ Adaptive equipment is appropriate for gross motor skill development only.
9. _____ The major purpose of adaptive equipment is to make the performance of a functional activity possible or easier.
10. _____ Parents are valuable sources of information regarding the use of prostheses.

ASSIST Activity 3:

1. F	6. F
2. F	7. F
3. T	8. F
4. F	9. T
5. T	10. T

ASSIST Activity 4: *Types of Motor Problems*—Unit 2

Objective: To recognize the different types of motor disabilities associated with cerebral palsy.

1. _____ The child's posture and movement are clumsy and uncoordinated due to balance deficiencies.

2. _____ The child's muscles are stiff and respond with jerky, uncontrolled contractions.

3. _____ Due to irregular muscle tone, the child exhibits random, twisting movements of the head and limbs.

a. spasticity

b. athetosis

c. ataxia

ASSIST Activity 4:

1. c 2. a 3. b

ASSIST Activity 5: *Types of Motor Problems* —Unit 2

Objective. To know the terms used to describe motor disorders according to the area of involvement.

1. _____ The motor problem lies on only one side of the child's body.
2. _____ There is a major motor impairment in the legs, with minor involvement in the arms and hands.
3. _____ Only one limb is affected, usually an arm and hand.
4. _____ Major motor disturbance is present in all four limbs.
5. _____ The legs and feet are affected, while the arms and hands remain normal.

a. monoplegia

b. diplegia

c. hemiplegia

d. paraplegia

e. quadraplegia

ASSIST Activity 5:

1. c 4. e
2. b 5. d
3. a

ASSIST Activity 6: *Visual Disorders*—Unit 2

Objective: To recognize behavioral indicators of possible visual defects.

List three symptoms of possible visual disorders in preschool children.

1)

2)

3)

ASSIST Activity 6:

1. swollen eyes
2. squinting
3. peculiar stare, among others

ASSIST Activity 7: *Modalities*—Unit 2

Objective: To be able to gear instruction to the modality strengths and weaknesses of individual handicapped preschoolers.

The term "modality" refers to a channel of communication. Stimulus or *in-put* modality refers to the channel through which a child receives information. Response or *out-put* modality refers to the channel through which the child responds to the information he has received. The grid below contains some possible combinations of in-put and out-put modalities. Think about the channels of communication employed in each activity described below. Place its number in the proper box in the grid. The first one is done for you.

Response Channel

In-put Channel	Auditory	Motor
Auditory		1
Visual		
Motor		

1) You ask the child (auditory in-put) to "Show me the blue block." He points to it (motor out-put).
2) The child sorts wooden blocks into piles according to their color and size.
3) You show the child pictures of various animals, and he imitates the sound they make.
4) Blind-folded, the child handles familiar household items and names them.
5) The child listens to a tape-recording and repeats the words he hears pronounced on the tape.
6) Blind-folded, a child fits blocks of various sizes and shapes into the correct slots on a board.

6	4
2	3
1	5

ASSIST Activity 7:

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Name: _____
Date: _____
Observer _____

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Skill	Acq.	Main.	Gen.
1. Eyes move			
2. Shifts gaze			
3. Tracks horizontally			
4. Tracks vertically			
5. Tracks circle			
6. Tracks adult			
7. Eyes move			
8. Tracks falling object			
*9. Tracks 180 degree			
10. Lifts head			
11. Head-side to side			
12. Pulls head upright			
13. Lifts head/neck			
14. Lifts head/neck/chest			
15. Head control			
16. Sits-head erect			
*17. Straightens upper back			
18. Straightens upper/lower back			
19. Head initiates turn			
20. Sits self-supported			
21. Backward sit protection			
*22. Sits (Indian style)			
23. Moves from sitting to lying			
24. Rolls from stomach to back			

Sample Form

25. Rolls from back to stomach			
26. Turns ¼ circle			
*27. Crawls on stomach			
28. Pushes to sit from prone			
29. Creeps			
30. Stands when placed			
*31. Pulls to stand			
32. Walks holding hand			
33. Moves from stand to sit			
34. Side steps			
*35. Cruising			
36. Walks (one hand support)			
37. Toddling			
38. Stands without support			
39. Kneels without support			
*40. Pulls to stand (without support)			
*41. Walks			
42. Avoids obstacles			
43. Gets in chair-out backwards			
44. Climbs out forward			
45. Creeps up stairs			
46. Creeps down stairs			
47. Walks up stairs			
*48. Walks down stairs			
49. Plays/rocking horse			
50. Plays/swing			
51. Slides			
*52. Runs			
53. Jumps			
*54. Hops			
55. Skips and/or gallops			
56. Catches a ball			
*57. Throws a ball			

155

Name: _____
Date: _____
Observer: _____

FINE MOTOR CHECK LIST

Acq. = Skill Acquired
Main. = Skill Maintained
Gen. = Skill Generalized

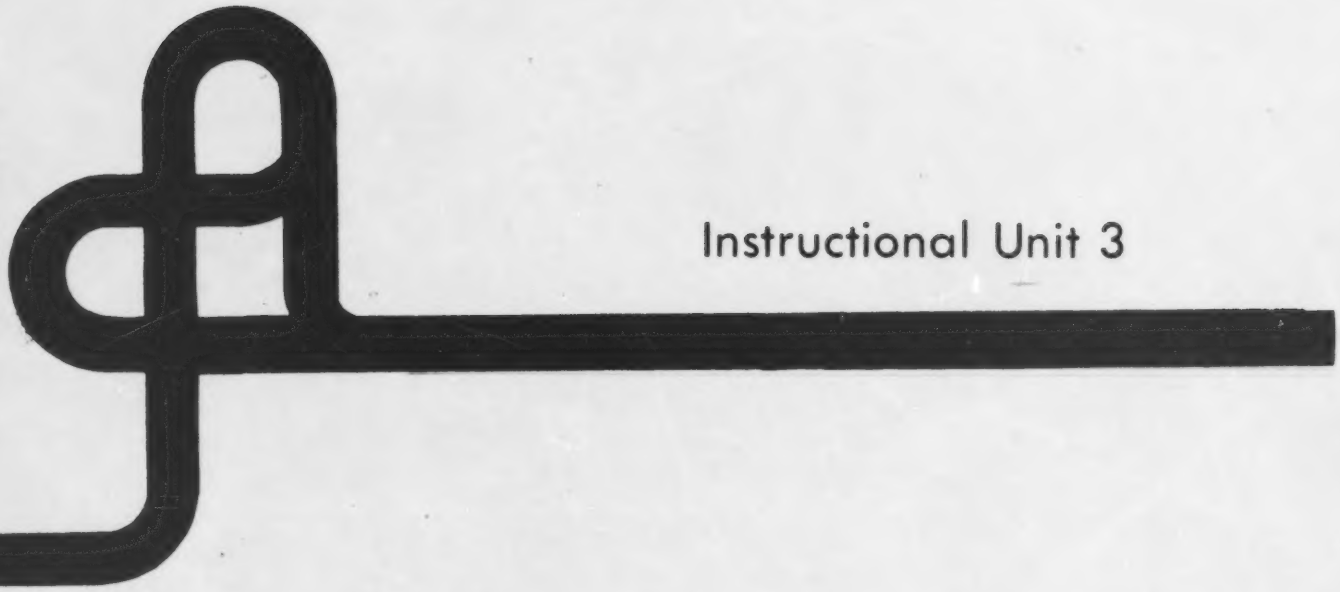
Skills circled are considered to be developmental landmarks.

CODE:

+ = Yes, as stated
⊙ = Yes, with adaptations
0 = No, with or without adaptations
? = Noncompliance
/ = inappropriate for child

Skill	Acq.	Main.	Gen.
1. Reflexive Grasp			
2. Holding			
3. Opens and closes hand voluntarily			
4. Extends arms in play			
5. Reaches for object			
*6. Reaches/touches objects			
7. Reaches/grasps/holds			
8. Plays using hands			
*9. Scoops/rakes objects			
10. Palmar grasp			
11. Uses thumb to grasp			
*12. Pincer grasp			
13. Drops small object			
14. Places object			
15. Manipulates one way			
*16. Manipulates			
17. Recognizes objects			
18. Assembles blocks			
*19. Assembles puzzle			
20. Holds/marks with crayon (Palmar grasp)			
21. Vertical/horizontal/ circular scribbling			
*22. Imitates vertical/ horizontal/circular			
23. Copies colored pattern			
*24. Cuts with scissors			

Sample Form



Instructional Unit 3

LANGUAGE SKILLS

Author: Penelope Eldred

INTRODUCTION

The term "language" really means more than communication with words. It includes the use of nonverbal communication, such as facial expressions or gestures, and the ability to understand verbal and nonverbal messages of others. No doubt many of you have heard the term "body language" or have used the expression "I could tell by the look on her face." Sign language is used frequently and effectively by people who are deaf or hearing impaired. Again, the word "language" involves many ways of communication and of relating to other people.

The first purpose of language is to communicate, as when a young child makes her feelings known by noises and gestures of pleasure or pain. The second purpose of language is to structure the environment by naming and organizing relationships. Typically, a child's first words differentiate her parents from a vague universe; later she learns words for food, drink, toys—and her own name. Language helps her form concepts of who she is, who the important people in her life are, and what her relationship is to them and to the world around her.

Because language is used in forming concepts does not mean that a child who can't talk is not able to think or understand what is going on around her. Infants and children learn by using all their senses: sight, hearing, touch, taste, smell. For example, many of you have probably seen an infant in a crib play with some object, perhaps a rattle. She turns it over in her hands, watches it, shakes it—and often puts it in her mouth. If she has a visual or hearing problem, she compensates for this by finer development of her remaining senses. Language is a tool for learning—but it is certainly not the only tool.

Verbal language development in non-handicapped children follows a fairly predictable sequence. While the infant is exploring her world with her senses, she is also beginning to learn to make sounds other than crying. Her first sounds as a baby are probably what most parents call cooing and gurgling, sounds made when she seems to be content. A little later, babies start babbling. Babbling takes up more of the baby's time, and often has the rhythm of a real sentence. All children make these pre-language sounds, even deaf children, although they usually stop babbling after a short time since they do not receive good auditory feedback.

As the baby grows, she begins to say simple words like dada and mama. She also responds to simple commands ("Show me your nose"), and words (her name, names of toys, and other objects in her environment). In other words, she understands much more than she can say. Her vocabulary continues to develop as do her general communication skills. She uses words and gestures, such as pointing, to convey feelings and desires or, if she cannot say the words, she makes speech-like sounds along with gestures and body movements. She has learned verbal and nonverbal ways to communicate effectively.

Since language activities are an important part of preschool education, you will probably find it necessary to help children improve their language abilities. For purposes of teaching, a distinction should be made between language and speech. Language involves two basic processes: receiving and understanding the intended message (receptive language), and

responding to that message (expressive language). Expressive language can be verbal and/or nonverbal. Difficulties can occur in either receptive or expressive language processes or in both. Speech, or verbal expressive language, is the act of talking, of making recognizable sounds. Speech disorders are problems in the way sounds are made — stuttering is one example. Many children, especially in preschool, have speech problems known as articulation disorders. If a child has an articulation disorder, her speech sounds are defective or incorrect.

Children with this kind of problem mispronounce words by omitting sounds (po'y for pony), substituting sounds (wabbit for rabbit), or distorting certain sounds. Mild articulation disorders often accompany a young child's speech; sometimes we call it "baby talk" or "lisping". Many children simply outgrow the problem as they mature. Others will need help from you, the teacher, and probably from a speech therapist.

Speech is a critical language function, since most human communication takes this form. Much of your team's language instruction will probably focus on speech skills.

Students who have cerebral palsy generally have very labored speech, primarily due to involvement of the muscles in the throat and mouth. These students may also have articulation problems as described above. Still other students in your class may have very nasal and breathy voice tone; this may be due to a condition called cleft palate. Cleft palate very literally refers to a condition where there is an opening in the roof of the mouth. (This birth defect is often coupled with cleft lip. Cleft palate can be corrected with surgery but speech therapy should be provided as with all of the other voice and articulation problems.)

Speech therapists very often have very full schedules. After assessing the specific speech problems of students in your program, they will likely have only a short period of time each week to work with your students. As part of the professional team you can reinforce appropriate sounds that might be of special concern at that time. Sometimes you might be tempted to force the student to produce a certain sound, or not to stutter. Forcing a child will only make her reticent to speak and probably will not improve her speech. Be sure to ask the therapist or teacher how you might appropriately challenge the student to communicate more clearly.

The development of communication skills is critical for anyone existing in the mainstream of society and handicapped children need to learn these skills as much as other children. Any independent person must find ways to have her needs satisfied; that is the first purpose of communication. But handicapped children must also learn to be as independent as possible. The more people a child can communicate with, the less dependent she is on any one of them—and the more sources of information she has. In this way, the child can gain some control over her environment.

Obviously, since much of teaching is communication, the more refined a child's language skills become, the easier it will be for the educational team to implement and evaluate educational programs. The ability of the child to acquire personal autonomy and pre-academic skills is highly related to language skills. The ability of the child to play with peers and form positive human relationships demands communication. Communication skills are essential for functional behavior.

RECEPTIVE LANGUAGE

Receptive language is basically the ability to understand the message another person is attempting to communicate. Very young children often demonstrate this ability by responding to their names, short commands ("Pick up the ball" or "No!") before they can talk. Even children who are still in the babbling period, or who can only say "Mama" and "Dada" can manage to follow some verbal commands.

The same type of behavior has been seen in handicapped children or children who seem to have very few language skills. Marcie, a child we will discuss more fully later, could not talk at all when she entered preschool. However, the teacher noticed that Marcie tried very hard to follow directions. Complex commands such as "time for lunch, everybody put down what you're doing and line up at the door," confused and disoriented her. But she could follow simple directions like "put down the block" especially if they were given slowly and accompanied with gestures.

You can find out whether a child has receptive language problems by testing and observing her in different situations. Does a loud noise behind her startle her? Does she turn her head towards the person speaking to her? Can she follow directions? A checklist of receptive language skills is included for your use at the end of the chapter.

A child can be encouraged and helped to develop receptive language skills by accompanying clear speech with gestures and modeling the desired behaviors. Imitative games and songs are a good group activity; there are many records available which direct children to make certain movements while listening to the song: "Put your hands on your head" or "Put your left foot in" and so on. For severely handicapped children, verbal communication should be brief, simply structured and gestures should be included. For example, articles can be left out of directions at first: "Give me block" rather than "Give me the block." Later however, you may wish to use complete sentences. You can also ask your speech therapist to suggest classroom activities which will reinforce what the child is learning in her speech therapy sessions.

EXPRESSIVE LANGUAGE

Expressive language is the ability to communicate with others, using words, gestures, facial expressions, signs—any one or all of these techniques. It is the ability to make oneself understood. Expressive language begins with crying which is the only way babies can make their needs known. When the baby cries, the parents know she is either hungry or uncomfortable. As she grows older, she cries in a different way for hunger than she does for discomfort. Later she learns to gurgle, to laugh, and to show visible signs of pleasure. She can also demonstrate displeasure by a range of behaviors, from whimpering or crying to full-fledged temper tantrums.

As the child continues to develop, her verbal expressive language runs from imitation of sounds, to one or two words, one word sentences, two word sentences and so on. No stage excludes another; she may be imitating sounds and saying short sentences at the same time. But the reason that young children are so understandable to those who know them is that communication is not solely dependent on language. Parents and preschool teachers learn to recognize each child's pattern of communication. They know that Jimmy is wet because he has that funny expression on his face; or Susan wants her Teddy Bear because she is turning her head and rocking her arms; or Beth points to her mouth when she is hungry; and many more. Children know, and can learn, many ways to express themselves other than words.

Because language skills are generally divided into receptive and expressive language for better understanding, does not mean that the two are mutually exclusive. In fact, there is some overlap. Infants and children learn to understand as they learn to express themselves. It is true that nonhandicapped infants understand more than they can express verbally; that is the general pattern of language development. However, as one who works with handicapped children, you should keep in mind that communication takes many forms. You should be as prepared to use any form available to give and receive the messages that are necessary for their well-being and your satisfaction.

THE INSTRUCTIONAL PROCESS: MARCIE

Marcie was a severely handicapped 5-year-old whose communication skills were extremely limited. When she first entered preschool, she seemed confused and frightened most of the time. She could only say two words: "Mama" and "Dad" and did not seem to understand any kind of verbal directions of interactions. Her body movements were awkward and she had difficulty feeding and dressing herself. She was not toilet trained.

However, careful observation by both the teacher and the I.A. showed that Marcie did have more receptive language skills than they had previously thought. She responded to her name by looking at the speaker and attempted to follow simple commands such as "Stand up" or "Put the block down." Sometimes physical demonstration was necessary but Marcie seemed to want to please adults. Marcie did appear apprehensive around the other children in the preschool classroom. She did not have any siblings.

Through the combination of observations and family information, the team concluded that:

1) The team needed to focus on receptive language skills.
2) Adult attention could be a motivating factor in further development of Marcie's language skills.
3) Discomfort with the other children would lower the chances that Marcie would maintain and generalize her new skills in the classroom.

The basic problem, then, was to reduce Marcie's uneasiness with her classmates while improving her language skills.

Assessment of Marcie's personal autonomy skills had indicated that she was able to pull off socks and shoes (with laces undone) and sweaters and put on socks and shoes, although with difficulty. The chosen long range objectives were 1) Marcie will be able to respond with the correct gesture to familiar words, in this case clothing items, and 2) Marcie will follow simple directions, in this case, using clothing items. The short range objectives were:

1. Working with the teacher or I.A., Marcie will demonstrate recognition of the words "sock, shoe, pants, and shirt" by pointing to those objects 3 out of 5 times correctly when told "Show me the sock, etc."
2. When told to "Pick up the sock, etc." by the teacher or I.A., Marcie will correctly do so 3 out of 5 times.
3. Marcie will perform the first short range objective in the presence of another child.
4. Marcie will perform the second short range objective in the presence of another child.

The short range objectives had three functions: to improve Marcie's receptive language skills, self-help skills and social skills. Since Marcie was unfamiliar with social interaction, another child was introduced gradually into the task, first in the presence of another adult and finally by herself. A dressing skill was chosen as the task because Marcie already had some ability in that area and was thus assured of some success. The same simple verbal directions were used so that she could become accustomed to certain words and phrases. If she had not understood the directions, the educational team would have used gestures along with demonstrations and/or physical assistance until verbal meanings became clear. Since adult attention was reinforcing to her, both the teacher and I.A. used verbal praise ("Good girl!" Good job!") and nonverbal praise (hugs, pats, etc.) to reward Marcie for success.

Marcie was successful, even though some adaptions had to be made in her program. Success rarely follows exactly along original program lines. In Marcie's case, although she was willing to accept the presence of another child with the teacher and I.A., she refused at first to be left alone with the child. When the adult left, she either attempted to follow her or screamed and cried. The team therefore decided on successive approximations of the act of leaving. First an adult sat close to Marcie, then moved a little farther away. Next the adult stood and watched, still praising Marcie for her successes. When Marcie became comfortable with the standing behavior, the teacher turned away for brief periods of time, then moved a few steps away and finally left for a few minutes and returned. Marcie was a little apprehensive at the beginning of each new stage of adult withdrawal but she did not cry or stop her activity completely.

Marcie's growing acceptance of other children had further benefits. The team noticed that the two children who directed Marcie most often were adding to the initial directions. Phrases like "over her head" and "on the foot" began occurring; the team was concerned that Marcie might become confused. However, observations showed that she managed to follow the expanded directions more than half the time, nor did she often seem discouraged or frustrated. Furthermore, practice in dressing skills seemed to give her more confidence in attempting to dress herself

Name: Marcie
Date: 10/11/77
Observer:

RECEPTIVE LANGUAGE CHECK LIST

Acq. = Skill Acquired
Main. = Skill Maintained
Gen. = Skill Generalized

Skills circled are considered to be developmental landmarks.

CODE:

+ = Yes, as stated
⊕ = Yes, with adaptations
0 = No, with or without adaptations
? = Noncompliance
/ = Inappropriate for child

Skill	Acq.	Main.	Gen.
1. Startle Response	+	+	+
*2. Responds-Auditory stimuli	+		
*3. Attends to normal sounds	0		
4. Attends to caregiver's voice	+	+	
5. Attends to familiar voice	+	+	
*6. Orients to sound	+		
7. Responds to name	+		
8. Responds to familiar words	0		
*9. Responds (gesture) to familiar words	0		
10. Points/touches body	0		
*11. Knows name of common objects	+		
12. Understands action words	(+)	(+)	
13. Understands simple sentence/question/ direction	(+)	(+)	
*14. Understands elaborate sentence/question/ direction	0		

independently. Other long and short range objectives were designed and, with the help of adults and peers, Marcie began to learn new sets of skills. The educational team was pleased to notice that she remembered clothing names and directions from her previous task.

Keep in mind the fact that progress is often slow and sometimes inconsistent with severely handicapped children. Monitoring their progress carefully — with checklists and observations — will help you see when progress is being made, even if the gains are small.

As you can see, more than one skill must be considered in almost any area of assessment and programming. Motor development, social development and communication abilities are all interrelated. When you program for one area, you must consider how it affects and is affected by others. Fortunately, gains in one area — particularly communication — can often influence skills in another.

INSTRUCTIONAL PROCESS: JEFF

It was diffiult for the educational team to assess Jeff's communication abilities and disabilities because he paid very little attention to anycne. He was a cerebral palsied child in a wheelchair with braces on his legs whose main interest seemed to be moving around brightly colored objects on his tray. He was able to operate his wheelchair and feed himself with modified utensils (such as spoons and cups with large handles).

Realizing that cerebral palsy is sometimes accompanied by hearing and speech problems, the team contacted Jeff's parents for further information. They learned that he was the third of five children all under 6 years old, and that both parents worked at a local factory. Jeff and the other children stayed with his grandmother every afternoon until his parents came home. The entire family had dinner, watched TV for a couple of hours and went to bed. This routine seldom varied; when it did, Jeff became upset. He had not begun to talk, but the parents assumed that was because of his handicap. His hearing had not been checked.

Parental permission was given for tests with a hearing specialist. In addition the team conducted their own observations. They found that Jeff did not respond to loud noises behind him or to his name when the speaker was out of his sight. He was restless during Story Time and during rhythm activities. On the other hand, he sometimes matched objects on his tray by color and shape and seemed to enjoy finger painting, even though it was difficult for him. Results of the specialist's examination indicated that Jeff was hearing impaired, although not completely deaf.

The teacher and I.A. decided that their first priority was to develop ways for Jeff to communicate. The long range objective was: Jeff will make his hunger, thirst, toileting and fatigue needs known by use of a Communication Board or by use of gestures. The short range objectives were:

1. When thirsty, Jeff will place a figure of a cup on the communication board with 80% accuracy.
2. When hungry Jeff will place a picture of a plate on the communication board with 80% accuracy.

Since Jeff could already feed himself, the problem was not to teach a skill but a concept: That the figure of a cup would lead to drinking, the figure of a plate to eating. Up to this point, Jeff ate and drank when food and liquid were put in front of him; he had no way to tell anyone that he was hungry or thirsty. In fact, he had no way to tell anyone anything. Such was the purpose of the Communication Board.

The Board used by the team was a large flannel covered bulletin board with a stand which was set up next to Jeff's wheelchair. Cardboard figures backed with felt were found to stick easily on the board. Other figures the team eventually hoped to use for communication were: a cup, plate, spoon, toilet, braces (to indicate discomfort) a sleeping child (to indicate fatigue) and a teddy bear (to indicate that he wanted his stuffed animal).

Jeff was led to a quiet corner just before juice time. The teacher placed a plastic cup and plate on his tray. She pulled up a chair so that she could sit directly in front of him and he could see her face. Holding the empty juice cup, she picked up the one on his tray and said the word "cup" clearly and pretended to drink from it. The cup was then placed back on the tray. While Jeff watched closely, she repeated the action several times. The objects were left on the tray for Jeff to manipulate. At juice time, she filled Jeff's own cup with juice and brought it to him. Again she sat in the chair, said the word "cup", imitated the action of drinking, and set it down on the tray.

At lunch time, a similar process was used. Next, the objects were placed on Jeff's tray again and the teacher demonstrated with gestures and physical assistance that Jeff was to hold up the cup when she held up hers and said the word "cup." When Jeff mastered this task, the procedure was repeated with the plate. When he succeeded, the teacher nodded her head vigorously, when he failed she shook her head saying the word "no." The team was pleased to discover that Jeff

correctly interpreted what to do more quickly with the plate than the cup. They were able to move on to the other cardboard cut-outs sooner than expected. Apparently Jeff's main problems were motor and hearing problems, not problems of receptive language.

The cut-outs were paired with the objects on Jeff's tray long enough for him to grasp the connection. The illustration of the toilet was shown to him while he was in the bathroom. The cut-outs were placed in a basket glued to the communication board, and Jeff was shown how to place the figures on the board.

After Jeff had learned what the cut-outs represented, and how to stick them on the board, the team watched for a time when he appeared restless or uncomfortable. At that point, a member of the team went over to Jeff, and put the cut-outs on his tray. She stuck them on the board one by one, looking at Jeff questioningly, indicating that he should nod yes or shake his head no. Jeff was confused. The team member placed the teddy bear cut-out on the board and brought the teddy bear to Jeff, then the cup cut-out with a cup of juice. Because she knew it was time for Jeff to use the bathroom, she placed the toilet cut-out on the board and accompanied him to the bathroom. After their return, the figures were put back in the basket. The team continued this routine several times during the day until the time when Jeff chose the cut-out himself and placed it on the board.

At the same time, Jeff was learning by instruction and imitation to communicate with gestures. The family and the hearing specialist attempted the use of a hearing aid for Jeff. Unfortunately, it was found that, because a hearing aid amplifies all sounds, the constant noise irritated and frustrated him. He was unable to screen out irrelevant sounds and attend to relevant ones. For that reason, the educational team continued to expand his ability to communicate with gestures and additional cut-outs including symbols for certain activities. In addition, a speech therapist worked regularly with Jeff so that he could learn to make use of his residual hearing and the limited vocalizations he could emit.

Later in the year, at the suggestion of the speech therapist, the team also spent some time daily helping Jeff recognize and produce certain sounds. The speech therapist was teaching Jeff a basic vocabulary of 5 words beginning with the easier sounds: c, m, b, p and w. Because both objects and cut-outs were available the team was asked to work with the words "cup" and "cookie".

The therapist showed the team how to divide the 2 words into sound sequences, that is, breaking a word down into its basic sounds and emphasizing them. (Note that the therapist said "basic" sounds, not all sounds. Vowels should be pronounced with the consonants that follow or precede them). Thus "cup" became cuuh-p and "cookie" became "kooh-kee". As before, Jeff was taken to a quiet corner. The teacher held up the cookie and said the word slowly stressing the sounds and demonstrating the lip and tongue movements. Then she touched Jeff and gestured to him, indicating that he was to repeat the word. At the beginning, he was given a piece of cookie if he tried to say the word. Later, more accuracy was required. The procedure was repeated with the cup, and the teacher or IA added a little juice each time Jeff tried to say, or said, the word.

With preschool children who are hearing-impaired, it is best to keep verbal communication clear and simple. They have been hearing distorted sounds all their lives and are often confused. Try to use the minimum number of words emphasized by gestures — until you and the speech therapist agree that the child is ready for more complex speech. It is better to say "Give me cup" and see the child do so, than to say "Jeff, will you please give me the cup" and get no response.

The team played other sound games with Jeff as he progressed with the therapist. The teacher or IA held Jeff's fingers on her lips as she said the m-m-m sound and touched his lips when he made it. She held a loud ticking clock next to his ear, then cupped her hands around her mouth and made the tik-tik-tik sound. A toy gun was used for the sound "bang". The Communication Board had made it possible for Jeff to express his needs nonverbally but verbal training was also important. Jeff's grandmother and parents were also encouraged to spend some time with him every day, helping him with words and sounds he was learning at the preschool.

At the same time that Jeff was learning by instruction and imitation to communicate with gestures and make sounds, the family and the hearing specialist attempted the use of a hearing aid for Jeff. Unfortunately, it was found that, because a hearing aid amplifies all sounds, the constant noise irritated and frustrated him. He was unable to screen out irrelevant sounds and attend to relevant ones. For that reason, the educational team continued to expand his ability to communicate with gestures and additional cut-outs including symbols for certain activities. The speech therapist and team continued to work regularly with Jeff so that he could make use of his residual hearing and learn to understand and say as many words as possible.

INSTRUCTIONAL PROCESS: JOAN

It is not unusual for preschool children to have speech articulation difficulties. Many young children have lisps, fail to pronounce r's and other consonants or have slight stuttering problems. Often these problems disappear as the children grow older. However, if a handicapped child has articulation disorders — and many do — it will probably be beneficial for them to begin correction procedures while they are in preschool. On the other hand, you should keep in mind that perfect pronunciation is not necessary. The important thing is for the child to be understood.

The educational team decided that Joan's articulation problems needed attention because Joan herself often became frustrated when people did not understand her. Joan had been born with a cleft palate which had been surgically corrected. Unfortunately, she had had no systematic helping in correcting her speech. With her parents permission, she was evaluated by a speech therapist who then consulted with the teacher and IA. The therapist found that Joan was physically capable of speaking more clearly. The problems were lack of training, frustration, and unwillingness to try. Due to her case load, the speech therapist could only work with Joan once every two weeks. In the meantime, she and the rest of the team designed strategies for helping Joan in the classroom.

Short range objectives for the secondary long range objective were:

1) Joan will use the word "eat" to indicate that she wishes her morning snack.
2) Joan will use the word "drink" to indicate that she is thirsty.
3) Joan will use the word "nap" to indicate that she is sleepy.
4) Joan will use the word "bathroom" to indicate that she needs to use the bathroom.

To teach these words, the team used pantomime and illustrations during Joan's speech periods in the classroom. The teacher or IA pantomime the activity of eating, et., using cups and dishes and helped Joan say the words.

Before Joan got her morning juice and cookie and while they were clearly in view, one of the team asked, "What are we doing now, Joan?" If Joan tried to say "eat," the cookie was given to her immediately with the response, "That's right, Joan, eat," and she was hugged. The same procedure was followed with the juice and again at lunchtime. If Joan did not attempt to say the word, the teacher or IA put the items quickly in front of her and walked away. Illustrations were collected representing the above activities.

The words "eat", "drink" and "nap" were broken up into their basic sounds (as with Jeff, Unit 3) and the sounds emphasized; "eat" became ee-tt, for example. the teacher or IA sat directly in front of Joan, said the words while stressing the sounds and the movements of the lips and tongue. Joan watched carefully and tried to imitate the movements. If she made a mistake, she was gently corrected, and she was praised when her pronunciations were close to those of the teacher or IA.

One way of teaching children to make sounds correctly is by the use of rhythmic babbling. The "na" sound (for "nap") was at first difficult for Joan. The team used a record with a simple tune that Joan already knew — and got her to clap her hands while singing na-na-na-na along with the music and a team member. At recess time, the IA skipped around the playground with Joan saying na-na-na-na in rhythm with the skips. Joan thought these activities were fun and her "na" sounds soon improved. If children can imitate, babbling can be incorporated into many activities.

The word "bathroom" was too difficult for Joan and she became frustrated and anxious when attempting it. The team consulted with the speech therapist and substituted the words "go ba" which were easier for Joan to say. Both the team and the therapist felt that Joan could eventually learn to say "bathroom" but that it was better to stick to simpler words at that time.

Using brightly colored pictures of glasses, plates, eat utensils and so forth, one of the team members worked with Joan daily, asking her "What is this for?" Gradually Joan began to pair the picture with the activity with the word. As she mastered the words "eat", "drink", and "nap" others such as "go home" and "Mama come" were added. Joan's vocabulary continued to increase.

Name: Joan
Date: 10/20/77
Observer: C Smith

EXPRESSIVE LANGUAGE
CHECK LIST

Acq. = Skill Acquired
Main. = Skill Maintained
Gen. = Skill Generalized

Skills circled are considered to be developmental landmarks.

CODE:

+ = Yes, as stated
⊕ = Yes, with adaptations
0 = No, with or without adaptations
? = Noncompliance
/ = inappropriate for child

Skill	Acq.	Main.	Gen.
1. Random vocalization	+		
2. Differentiated cry	+		
3. Produces several vocalizations	+		
*4. Babbling	+		
5. Vocalizes to toys	⊕		
*6. Vocalizes word-like sounds	⊕		
7. Imitates sounds	⊕		
8. Imitates words	⊕	⊕	⊕
9. Imitates environmental sounds	⊕		
*10. Imitates appropriate sound in play			
11. One word used appropriately/ consistently	⊕		
12. Communicates needs/ wants	⊕		
*13. Telegraphic speech	⊕		
*14. Forms question	⊕		
15. Talks to self	⊕		
*16. Uses simple sentences	/		
17. Verbalizes about own drawing	/		
18. Talks about familiar picture	/		
19. Communicates socially	/		
*20. Uses elaborate/ extended sentences	/		

It was decided that the teacher and I.A. would each take Joan for 15 minutes a day to practice her speech. Observations would determine: a) which conditions in the environment most accompanied frustration, b) in which situations she appeared most comfortable, and c) which of her friends seemed to understand her best.

While the observation data was being collected, the team helped Joan practice saying the names of her favorite toys. Each word was spoken clearly and slowly and Joan was praised or hugged when she approximated the correct pronunciation. Although Joan could imitate mouth, tongue and jaw movements, sometimes physical help was required.

Observation data informed the team that Joan was most frustrated in activities with groups of more than two where materials were shared or in unstructured play groups. She was less likely to become frustrated in the morning than the afternoon (as are many young children). Logically, she was most comfortable in teacher-directed activities. She had few problems understanding speech and following directions, but disliked having to ask for help. The children who understood her communications the best were Peggy and Doug, children from her neighborhood.

The primary long range objective for Joan was that she would verbally communicate using brief phrases. However, given Joan's present level of frustration, the team felt that verbal communication through telegraphic speech, one or two key words, would be acceptable for the present. In other words, they designed both a primary and secondary long range objective.

Common Language Activities

The educational team used many activities to improve receptive and expressive language. Some activities were performed daily, others 2 or 3 times a week. But every day's activity plans included at least 2 language "games".

The first activity each morning was the "Good Morning Song". The children sat in a circle, while the teacher and IA sang to each child individually, by name:

Good morning to you
Good morning to you
Good morning dear (Jeff, Marcie, etc.)
Good morning to you.

The child stood up or waved or nodded when her name was sung. If the child couldn't recognize or hear her name one of the educational team went to that child and touched her as she sang. Most children stood up and/or smiled proudly when they hear their names. Higher functioning children were encouraged to answer "Good Morning", and reply to "How are you today?" with "I am fine."

Another game the team played stimulated the children to learn names of parts of the body. The teacher or IA stood in front of the group, pointed to her nose (or ear, hand, knee) and asked "Is this a nose?" The children answered "yes" or "no". If children answered incorrectly, they were corrected and the word repeated. Sometimes the rules were changed to "Show me your nose, etc."

Animal sounds were also taught with the use of toy animals words and records. "Cow-moo" "Cat-meow" and so on. Once the children learned sounds connected to each animal, they were asked "How does cow go?" and so on. Young children seemed to enjoy making animal noises.

Many records or songs which direct children to perform various actions are available. The old "Farmer in the Dell" song can be used with toy animals or as a circle game to increase children's vocabularies. Children seem to enjoy the "Hucklebuck" or "Hokey-Pokey" song where you stick out your right foot, left foot, right hand, etc. and "shake it all about". Story time and rhyming activities are also good ways to interest children in using verbal language.

ASSIST Activity 1: *Receptive and Expressive Language*—Unit 3

Objective: Instructional Associate will demonstrate knowledge of receptive and expressive language behaviors by matching labels to behaviors.

Mark the following behaviors as EL (expressive language) or RL (receptive language).

1. _____ Recognizes name.
2. _____ Jumps when loud noise is made behind her.
3. _____ Can play "Simon Says"
4. _____ Uses gestures to communicate needs.
5. _____ Smiles when teacher or instructional associate smiles at her.
6. _____ Responds correctly to simple direction.
7. _____ Looks at record player when it is turned on.
8. _____ Makes siren sound when playing with fire engine.
9. _____ Murmurs to self when working.
10. _____ Uses 1 or 2 word sentences.

ASSIST Activity 1:

1. RL
2. RL
3. RL
4. EL
5. RL
6. RL
7. RL
8. EL
9. EL
10. EL

ASSIST Activity 2: *Language and Speech*—Unit 3

Objective: To be able to state the importance of communication and discriminate between language and speech.

1. List the different ways in which you could communicate with a child who has a vision problem.
2. What is the difference between language and speech?
3. What is the first or earliest purpose of communication?
4. A child who lisps or omits consonants has what kind of speech problem?
5. Why is communication important to social development?
   or
   How does lack of ability to communicate affect social development?

ASSIST Activity 2:

1. Motor and auditory input.
2. Language is verbal or non-verbal communication; speech is the act of talking.
3. Communicate needs.
4. Articulation.
5. Affects independence.

ASSIST Activity 3: *Language Assessment*—Unit 3

Objective: To be able to observe language behavior and discriminate between expressive and receptive language in the classroom.

Choose a child who has communication difficulties and assess whether her main problems are in the expressive or receptive skill area. List the ways she uses to interact with other children.

ASSIST Activity 3:

Answers specific to your situation.

ASSIST Activity 4: *Devising Language Materials*—Unit 3

Objective: To devise a communication system

Design a simple Communication Board for a child who has expressive language problems. How would you make it, what pictures or symbols would you use and what kinds of reinforcement would be available to the child?

Use your imagination!

ASSIST Activity 4:

Answers specific to your particular situation.

Name: _____
Date: _____
Observer: _____

EXPRESSIVE LANGUAGE
CHECK LIST

CODE:

+ = Yes, as stated

⊙ = Yes, with adaptations

0 = No, with or without adaptations

? = Noncompliance

/ = inappropriate for child

Skills circled are considered to be developmental landmarks.

Skill	Acq.	Main.	Gen.
1. Random vocalization			
2. Differentiated cry			
3. Produces several vocalizations			
*4. Babbling			
5. Vocalizes to toys			
*6. Vocalizes word-like sounds			
7. Imitates sounds			
8. Imitates words			
9. Imitates environmental sounds			
*10. Imitates appropriate sound in play			
11. One word used appropriately/ consistently			
12. Communicates needs/ wants			
*13. Telegraphic speech			
*14. Forms question			
15. Talks to self			
*16. Uses simple sentences			
17. Verbalizes about own drawing			
18. Talks about familiar picture			
19. Communicates socially			
*20. Uses elaborate/ extended sentences			

Sample Form

Name: _____
Date: _____
Observer: _____

RECEPTIVE LANGUAGE CHECK LIST

Acq. = Skill Acquired
Main. = Skill Maintained
Gen. = Skill Generalized

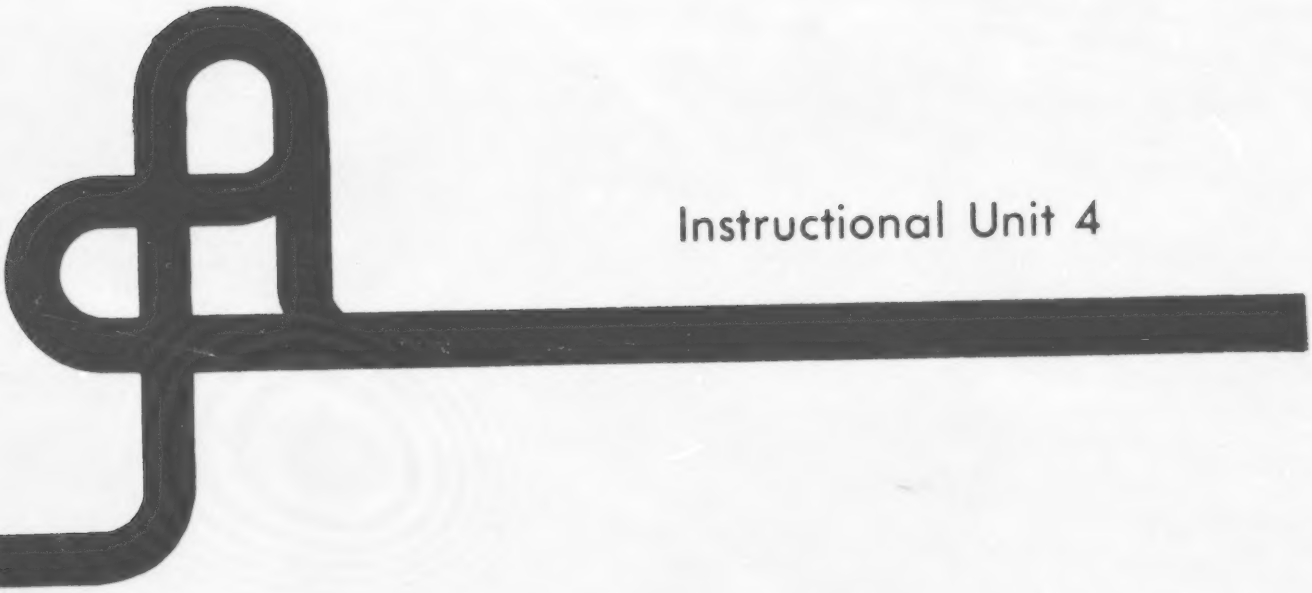
Skills circled are considered to be developmental landmarks.

CODE:

+ = Yes, as stated
⊕ = Yes, with adaptations
0 = No, with or without adaptations
? = Noncompliance
/ = Inappropriate for child

Skill	Acq.	Main.	Gen.
1. Startle Response			
*2. Responds-Auditory stimuli			
*3. Attends to normal sounds			
4. Attends to caregiver's voice			
5. Attends to familiar voice			
*6. Orients to sound			
7. Responds to name			
8. Responds to familiar words			
*9. Responds (gesture) to familiar words			
10. Points/touches body			
*11. Knows name of common objects			
12. Understands action words			
13. Understands simple sentence/question/ direction			
*14. Understands elaborate sentence/question/ direction			

Sample Form



Instructional Unit 4

SOCIAL SKILLS

Authors: Laurel Kiser
Lyn Walker Meena

INTRODUCTION

Relationship with Family, Other Adults and Peers

To live and interact well with other people involves the acquisition and use of social skills. Usually, through give and take situations in the process of growing up people learn how to interact in ways that make them comfortable and which will allow them to survive and prosper in intimate relations, in work settings, in family relations and in conducting the business of everyday life. People learn skills for communicating thoughts and feelings, sharing, compromising, following through with promises, meeting expectations of others, or conforming to the social rituals and patterns of society. These interactions may seem to come naturally, but in actual fact they are learned and evolve very gradually through years of practice in social situations.

Social development starts as the infant begins to establish ties with her primary caregiver who is usually her mother. Mother provides for the needs of the child and the child responds when her needs are satisfied. A child's cry for food and contented smile after feeding are the first forms of social communication. These behaviors, along with looking, following, touching and later vocalizing, strengthen the attachment between caregiver and child. This relationship is not one-sided. The behaviors of the child have a great effect on the caregivern. Although the child depends upon the caregiver, her simple forms of communication to the caregiver insure that she has some input into their growing relationship

The success of later social development depends to a certain extent on this relationship. If this attachment is satisfactory, the child gains a sense of basic trust. It allows the child to feel secure enough to be curious about objects and persons. Slowly the child becomes able to discriminate objects and people from herself. This is the first stage in social development.

Other family members, in addition to the primary caregiver, are significant to the child's social development. Adults, such as grandparents, become significant and familiar interactors. The communication which occurs between the child and adult family members prepares the child for the social world. Siblings are major sources for social learning, also. A child's position and functioning within the family affects many areas of development due to the interactions which occur. For instance the social climate of a child with several older siblings will be much different from that of an only child. Through experiences with siblings a child is able to begin to develop the skills necessary for dealing with peers.

This whole growth in social development which allows the child to form relationships with others, inside the family and outside, occurs because the child is becoming aware of her surroundings, as well as her developing self-help, and communication skills. As a child grows older, people outside the family will become increasingly more important. A child's ability to interact with others will affect every aspect of her life. Thus, the development of and influences upon these abilities is a major issue for educators of non-handicapped and handicapped preschoolers.

In a preschool, these relationships must be given special consideration. For some young children, preschool will be the first time they are left alone in a strange place without at least one of their parents. It is understandable, then, how difficult it might be for the children to see their mothers leave the first few days of preschool. When working with preschool-aged children the relationship between the child and parents is so important that the relationship between the school and the parents also becomes very important.

Many preschools have caregivers bring their children to the school to visit and play while the caregiver remains. This allows the child to meet the teachers and the other children and to get used to the new setting without anxiety. Other ways of making this separation less frightening for the child include setting timers so that the child can see when mother will return or having mother leave her purse so that the child will have something familiar and know mother is coming back. Another way to make this initial separation easier for the child is to provide affection and attention consistently to these children. If the child can become familiar with the educational team and feels safe and secure with them, leaving mother and starting new friendships will be much easier. Some children need special attention and help with the new problems they face in this new setting. If the children sense you understand and care, they will feel much more secure and ready to meet the new challenges. However, be very careful not to pamper the children and reinforce inappropriate attention-getting behavior.

There are great individual differences between children in the area of social development. Some children are ready to be on their own. They are excited by their new surroundings and anxious to explore everything in sight. They leave their mother without a second thought and begin their new adventure. Each child will have a different reaction to the first days of preschool. Your challenge will be to try to meet their needs on an individual basis.

Social learning takes place mainly by observing and imitating others. Through modeling her behavior after others she learns typical patterns of interaction. Also, through trial and error a child discovers when to use certain behaviors and which ones are most effective in each social setting, because of the natural consequences of her acts or the differential reinforcement she receives for each behavior from others. She learns her grandmother smiles when she hugs her, but frowns when she pinches. She learns she may get hit when she snatches a toy from another child. She learns her mother is more likely to give her a second cookie when she thanks her for the first one.

Children model their behaviors after the significant adults in their surroundings, but also imitate peers because they have so much in common. How often have we heard that a child throws her first temper tantrum after she observed another child's display. It is necessary to be aware of how important imitation is in social learning. If we do not want a child to hit or yell, it is important that we learn to deal with difficult situations without hitting or yelling. It is also important that we learn to reinforce only desired social behaviors. If we do not want a child to throw temper tantrums we should not give in to the wishes a child expresses while having the tantrum. The child must learn to make requests in ways that are socially acceptable.

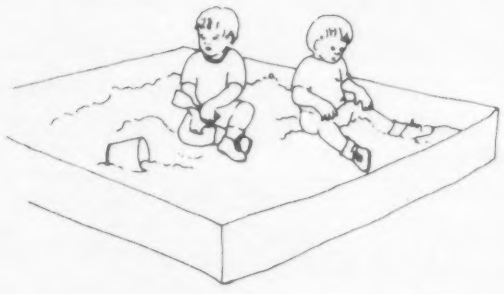
Developing communicative skills, such as language, is an essential part of social development and relies on many of the same processes already described. Imitation is obviously a factor in development, as is reinforcement. Throughout preschool as communication skills continue to expand, the methods used by the educational team will have a significant effect on the children. Children at the preschool age continue to model the language and gestures used around them. They pick up skills from parents, teachers and peers. The process of imitation is especially important now because the children are becoming more aware of the necessity of communication. Social awareness which occurs with social development is paralleled with communication development. At first sounds and gestures are used only to communicate the child's needs and desires. As communication skills expand and mature, interaction becomes more socialized. The child becomes capable of relating to others.

In summary, a child needs to learn flexibility in social situations. Gradually, through experience in interaction, she is able to identify and associate different cues and properties with different people and situations. She may learn that her mother will cater to her needs at home, but that the instructional team expects her to get things by herself at school. She may learn that when her father is reading the paper she needs to leave him alone, but at other times she can expect him to pay attention to her. A concept of social reality develops as the child interacts with others. It is important that handicapped students have a variety of opportunities to test themselves in social settings. They must learn to get along with all types of persons. It is important that they interact with their normal, as well as their handicapped, peers.

THE IMPORTANCE OF PEER PLAY

Play is one of the most effective methods for stimulating social and even intellectual development. Structured or unstructured, with or without materials, play allows children to explore the world. It provides settings in which children can imitate adults, try out new roles, work out problems and test answers, express needs, master skills, and fulfill curiosities without serious consequences. The play of older children also involves communication and social interaction. Along with this opportunity comes the chance to use the communication the child is gaining. In other words, play creates a practice world for the child to try out developing abilities.

As the child develops, so does her style of play. The very young child or the child in the earliest stages of play development, plays alone. This play usually involves familiar objects and movements. In some cases it may mean that the child is able to follow an object's movement, as a ball rolling, and is amused by it. Other children may enjoy manipulating objects, such as building blocks or dolls. This stage of play is characterized by a lack of social interaction and is thus termed, *isolated play*. Even when other children are present a child in this stage will continue to play alone, unaware of the others' activities. The second stage involves children playing side by side but not really interacting. *Parallel play* is the term used to describe this stage. Two children may decide to play in the sandbox. They sit next to each other and independently fill containers with sand or play with the sand windmill. They are aware of each other but the activity of one does not affect the activity of the other. These earliest forms of play can usually be observed in non-handicapped children between the ages of one and three years and in many preschoolers experiencing difficulty with social development or having other severe handicaps. Basically children in these stages are exploring the world of objects and movement. They may be mastering skills like grasping and tracking or they may be fascinated by the shape or texture of some object.



The materials, space allowed and number of children involved affect the play activities of children. Children of different ages will benefit from different types of play materials. Young children need very simple objects which are representative. They have a hard time imagining that an object is something other than exactly what it looks like. Materials need to be more realistic for younger children to enjoy them. Displays of materials also make a difference.

The value and enjoyment of play depend on several things. Children play best when they are happy and relaxed. Stress in the school or home may affect the way the children respond to play. If the children are tired, hungry, cramped or bored they will not play as well. Adults and older children also influence play. Sometimes they can suggest ideas for play which will be fun for children. Older children playing may be good examples for younger children to imitate. It is important, however, that play remains fun and exciting. The amount of structure a play activity requires varies according to the needs of the child. For most children it should never be so tightly structured or closely monitored that it loses its sense of freedom. For children having difficulties playing, the whole activity may need to be structured and guided.

Group activities are also important. Art and music projects which the children can work on together provide opportunities for cooperation and communication. Emphasis should also be put on fostering one-to-one relationships between the teachers and the children. Slowly the number of children included in group activities can be increased and the degree of teacher involvement can be decreased.

The instructional team can also structure situations to give students practice in social interaction. During Good Morning Circle the team may have children greet each other and talk about the weather or important events in their lives. For non-verbal children the team may tell about some recent experiences that their parents have described.

Social development takes place in all the activities and programs, which involve participation by the children. In preschool, all activities, whether they are meant to improve cognitive or physical skills, affect social growth and communication. Handicapped children, as well as non-handicapped children follow directions all the time. Socially, as well as academically, they are becoming ready to enter school.

Children with physical handicaps and other severe abnormalities are at a disadvantage regarding social development in peer play and other classroom activities. Their problems affect the way in which others relate to them. Parents and teachers are often so worried about the handicap and treatment that they forget about the other things in a child's life. The attitudes of others, especially peers, toward handicaps also affects their relationships. Many young children are afraid of the differences they see in handicapped children. The educational team can do a great deal to provide social experiences for handicapped children. First, it is important for you to treat them as normally as possible. Try to provide them with activities that they can do with others, deemphasizing their handicaps. Let them do as much as they possibly can for themselves without help. The handicapped child can develop a much more positive self-concept when problems are not always the main emphasis. A second way to make social relations easier is to help both the non-handicapped and the handicapped child understand and accept the differences between them.

DEVELOPMENT OF IDENTITY

As the child progresses through preschool, she develops a concept of herself. An identity develops in sequences. Some severely handicapped children will be learning who they are in terms of what they can do, such as self-help skills on feeding, toileting and dressing. Other less handicapped preschoolers who have mastered many of these skills will be discovering who they are in terms of sexual and ethnic identities. The development of an identity influences the ways in which a child interacts with others and ultimately what she does in life. You and the teacher play

important roles in this process. Your actions, attitudes and values serve as guides for the children.

A basic step in the development of an identity is a child's fight for autonomy. It is important for the child to begin to do things for herself. She starts to understand how objects and people work and she wants to have some control over what happens. At this stage the child has discovered ways to get what she wants, when she wants it. She has also discovered that she does not always have all her needs satisfied; that for certain things, in fact, affection and food may be taken away. In other words, the child learns that others are important to her in several different ways, but that she has some control over what happens. Acquiring toileting skills provides a good example of this developmental process. The child is struggling for a certain amount of independence while being told what to do and even when and where to do it. If the child can be made to feel that using the toilet is a skill which will make her more independent, it will be a much more positive experience. Older peers who are already toilet trained can be very helpful at this time.

As the child's sense of autonomy develops, so does a desire for initiative. Children in this stage want to know about their world. They want to participate in their environment. They like to explore, play, create and learn how to do things. They want to feel important, powerful and capable. They are proud of small accomplishments and like to show off what they can do. They struggle to do things by themselves and to do a good job. They are delighted with praise and attention. During this stage, handicapped children, like all children, need the freedom to explore, to do, to learn on their own and to be praised. Because of these needs you should encourage independent functioning whenever possible.

Sexual and Ethnic Identity

The preschool years seem to have enormous effects on the development of sexual, ethnic and cultural identities. Major influences during this period are parents, teachers and peers. Interactions with others in social situations provide cues to young children. They learn what is expected of them and how they are viewed by others. They become aware of their position in the social world. The behaviors which go along with that position are also observed. During this period, differences between the sexes and among ethnic and cultural groups become apparent to the child. Stereotypes, identifications, attitudes and values develop. Severely handicapped children may only be learning to discriminate between boys and girls. Mildly handicapped children, on the other hand, will usually be capable of discriminating both sex-roles and ethnic backgrounds.

The child's parents and home life are basic influences on the developing identity. The beliefs and behaviors of the parents effect the child's life daily. They are the primary ideas upon which the child forms her concept of herself and others. A child's identity, however, is not solely built upon the ideas of the parents. In preschool, she has the chance to observe the attitudes and behaviors of other significant people. Your role in the development of the children's sexual and

ethnic identity is an important one. The children will look up to you and value your ideas and attitudes. They will accept many of your beliefs without question. It is important for you to understand the ways in which a sense of identity develops. With this information it will be easier to determine methods to make sure your influence is positive.

The development of a sexual identity is of major importance during the preschool years, and there are several steps involved. Let Jennifer serve as an example. First, she becomes aware of her physical body. Then she begins to notice that she is labelled by her parents as a little girl. She is not yet sure of the difference between a girl and a boy, however. As she comes in contact with others, she notices differences. A gender identity develops. Gender identity involves knowledge about the differences between sexes and the acceptance of being either a girl or boy. As the gender identity develops, it becomes more constant. The child realizes that she is a little girl and that nothing will change her identity. For instance, cutting her hair short will not make her into a little boy. She also accepts the facts that little girls grow up to be women and little boys grow up to be men. These concepts gradually develop in preschoolers.

Once a gender identity has formed, Jennifer begins to learn what is expected of her. Children are treated differently according to sex. They know this and develop a preference for one sex or the other. Learning the roles and behaviors which are usually associated with each sex is another aspect of this growth. Accepting these behaviors is yet another step. The process of development of gender identity and sex-role stereotypes occurs at different rates in all children. Many preschoolers will be gaining knowledge and attitude about these issues while others will be unaware of any differences or sexual expectations.

Within our society sex roles and stereotypes are quite well-defined. Children are usually raised with limitations as to how they develop. Boys are encouraged to be much more active and aggressive than girls. They are discouraged from crying or being a "sissy." Girls, on the other hand, supposedly play with dolls and are quiet and sweet. Currently, most citizens feel this process of sex role identification should be much more flexible. Once a child has recognized her gender identity she should still be able to enjoy a full range of experiences and equal opportunities. A child's desires and dreams should not be criticized because he is a boy or she is a girl.

An ethnic identity develops in much the same way as a sexual identity. In a preschool setting the different ethnic groups represented among the children and staff will have a large effect. By the age of three or four, children become aware of ethnic and racial differences. They also learn which group they belong to, and they notice the attitudes of others toward ethnic groups. Children use this information to classify themselves and their peers. Many times this causes a low opinion of oneself to develop. Other times this information is used to hurt others. As with sex roles, your understanding and attitudes will influence the development of a positive ethnic identity.

You, the instructional associate, and the program manager can do much to help the children develop freely without the pressure of stereotypes. Your classroom can be an open place where all kinds of people and behaviors are accepted. It can be a place where little boys are not afraid to

cry or play with the dolls. It can be a place where a little black girl feels good about being Black and female. It can be a place where the Chicana child is proud of her Spanish language. Children in preschool are just learning about people and how they are "supposed" to act. Materials and activities which do not conform to stereotyped ideas allow the children to make up their own minds about the way things ought to be. Your attitudes and how you express them cause differences in the way children see things.

What can you do in the classroom to reduce stereotypes? Listen to the activities you suggest for different children or the comments you make to them. Do these sound familiar? "What a pretty, pink dress you have on today, Jennie." "How handsome you look today, Chuck!" "Don't cry, Tim, big boys don't cry." "Stop that, Ellen, little girls do not scream in school." Do you try to interest everyone in the same activities? Is the doll house only for the girls and the block corner only for the boys?

Materials and activities can be designed to show the children all kinds of people doing many different activities. Boy dolls and black dolls are available and provide new experiences for many children. They are especially fun for the boys and black children to play with in many roles. Puzzles and lotto games are favorites of preschoolers. They can be bought or made without the usual stereotyped images. Puzzles can show people doing non-stereotyped jobs, women doing sports, boys taking care of animals or young children, a black business man, or an ethnic special event or celebration. The lotto games can have people at work, children at play, families and hobbies. It is important that the scenes chosen are not stereotyped. Show women as police and doctors, little boys playing dress up and other unusual pictures. Non-stereotyped books, records and filmstrips are also available.

THE INSTRUCTIONAL PROCESS: MARIE

Marie is a three-year-old female attending a preschool for the handicapped. Marie has a slight hearing loss. She appears to have an awkward walk, fine motor problems, and little expressive language.

Before Marie arrived at the preschool her mother was interviewed by the educational team. It was discovered that Marie showed affection only toward her mother, and would scream or physically resist the slightest approach from anyone else. In observing Marie, the educational team noticed she only played by herself, avoiding any contact with peers or adults. If anyone tried to interfere in her isolated play, Marie would cry, scream, or throw tantrums. Most of the time she just wandered around the room, often making strange movements with her arms. Once, the instructional associate found Marie banging her head against the wall. Marie was pulled away quickly before she could hurt herself.

The first step taken by the educational team was to gather systematic observational information.

Informal testing began with an observational form, *Social Development Check List* (a copy of which is found on the following page). Of the forty-five items on the checklist, the most important social skills Marie possessed were:

- responds positively to primary caregiver's touch*
- makes eye contact with primary caregiver
- smiles at primary caregiver
- responds to primary caregiver's approach
- crying stops when given verbal attention from primary caregiver
- prefers primary caregiver's assistance to others
- plays near peers without any apparent attention to the child

(* where the primary caregiver is Marie's mother)

The remaining 37 items Marie either did not possess or were not observed. Of the skills Marie did not possess the following were chosen as beginning points for programming:

- awareness of own body/self
- turn's head to look in response to a person's voice
- makes eye contact with persons other than primary caregiver
- plays appropriately with a variety of toys
- plays with peers when present

From data gathered through informal assessment the educational team decided upon a long range objective and short range objective (see individual objectives).

Name: Marie
Date: 9-12-77
Observer: E. R. Walker

SOCIAL CHECK LIST

Acq. = Skill Acquired
Main. = Skill Maintained
Gen. = Skill Generalized

Skills circled are considered to be developmental landmarks.

CODE:

+ = Yes, as stated
⊕ = Yes, with adaptations
0 = No, with or without adaptations
? = Noncompliance
/ = Inappropriate for child

Skill	Acq.	Main.	Gen.
1. Awareness of body/self	0		
2. Responds to caregiver's touch	+	+	+
3. Eye contact with caregiver	+	+	+
*4. Smiles at caregiver	+	+	+
5. Responds to caregiver's approach	+	+	+
6. Responds to voice	0		
*7. Eye contact with others	0		
8. Smiles at familiar/ novel persons	0		
9. Initiates physical interaction	0		
10. Stops crying with verbal attention	+	+	+
11. Reacts to reduced attention	0		
12. Shares parental attention	+		
*13. Accepts affection from familiar others	0		
14. Physical affection to family members	0		
15. Seeks physical contact	0		
16. Perfers caregiver's assistance	+	+	+
17. Interacts with stranger	0		
*18. Protects own possessions	0		
19. Waves	0		
20. Plays with own body	+		
*21. Explores environment	0		
22. Plays appropriately with toys	0		
23. Chooses own play activity	0		

24. Repeats household activities in play	/		
*25. Plays with family member	O		
26. Shares with family member	?		
27. Plays near peers without attention	+		
28. Plays alone near peers	+		
29. Imitates peers at play	O		
30. Joins in play with adult prompt	O		
31. Initiates play with peers	/		
*32. Plays with peers	O		
33. Sometimes waits turn	/		
34. Plays one-rule game with peers	/		
35. Goal-directed play with peers	/		
36. Shares on request	+		
37. Shares with peer on request	+		
38. Care of personal environment	O		
*39. Accepts family routine and changes in routine	⊕		
40. Identifies family member's posessions	?		
41. Performs simple tasks with caregiver	+		
42. Follows adult direction in reasonable amount of time	O		
43. Awakes quietly	+		
44. Delays gratification	O		
*45. Behaves appropriately in varied social situations	O		

INDIVIDUAL OBJECTIVES

Child's Name Marie

Date Sept. 14, 1977

Skill Area Social Skills

Date Comp.	LONG TERM OBJECTIVE
11-8-77	Displays appropriate interaction with adults and peers in parallel play.

Date Comp.	SHORT TERM OBJECTIVES
10-25-77	- Recognizes own toys, picture, and/or possessions.
11-8-77	- Claims and protects own possessions.

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INDIVIDUAL OBJECTIVES

Child's Name Marie

Date Sept. 14, 1977

Skill Area Social Skills

Date Comp.	LONG TERM OBJECTIVE
10-19-77	Makes eye contact with persons other than primary caregiver.

Date Comp.	SHORT TERM OBJECTIVES
9-23-77	- Smiles and makes eye contact with self.
10-7-77	- Smiles and makes eye contact with familiar others (for example: instructional associate, teacher, peers.)
	- Turns head to look in response to a person's voice.

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In order to accomplish the written objectives, the educational team had to develop and implement instructional activities. It was important for both the teacher and the instructional associate to remember that Marie had problems not only with social skills, but also with hearing, fine motor skills and expressive language. It would be impossible to work on any one skill in isolation. Any member of an educational team must learn to be sympathetic to all the needs of a child at the same time they are trying to target one specific area.

Once the objectives were written Marie's teacher asked her instructional associate to implement an activity plan for Marie. The instructional associate began by putting Marie in front of a mirror and asking her to look at herself (to make eye contact with herself). Next Marie was asked to place her hands on the mirror and told where her hands were in relation to her body (on her eyes, hair, nose, etc.). (This activity could also help Marie understand body awareness.) Another strategy used to achieve the same objective was having Marie make eye contact by looking through toilet rolls for periods of at least five seconds.

After Marie had successfully acquired the skill of making eye contact with herself and maintained the skill in doing so, the instructional associate used the same procedures to help Marie develop eye contact with her, the teacher, and a peer. Once Marie could successfully generalize this skill with several different people the educational team decided Marie was ready to move on to the next objective: turn head in response to a person's voice.

A model peer was used in this case so Marie could learn to respond to both the instructional associate's voice and to the peer's voice in a parallel play situation. Marie was expected to turn her head in response to her name when it was called to her six inches from the side of her head and slightly behind her ear. Marie did not respond to this approach, so instead of calling her name, the instructional associate called out the name of Marie's favorite toy, blocks. This adaptation worked. If Marie turned her head to look at the blocks, they were given to her. The model peer also called out "blocks" and gave them to Marie when she responded by turning her head.

When the educational team felt Marie could maintain these objectives in the preschool setting, her mother was asked to work on similar skills at home with other family members. In this way Marie could learn to carry her new found skills over into other situations.

While working on the objective where Marie was forced to respond to a peer's voice in order to get a toy Marie was accomplishing her first step towards parallel play: awareness of a peer being close to her. Marie was ready to perform her next objective: recognize own toys, picture, and/or possessions.

The educational team asked Marie's mother to send a toy of Marie's to school. The toy was a sand bucket. The instructional associate put five toys on the rug, one of which was the sand bucket, and asked Marie to pick out her toy from home. Once Marie could successfully identify and claim her own toy, the instructional associate gave the five toys to a model peer to play with. In this situation Marie had to go over to the peer and claim her sand bucket. It took Marie a long time before she would go over to the peer because this forced her to acknowledge her peer's presence. Marie finally stepped over to the peer and picked out her sand bucket.

It must be remembered that when working with a child like Marie, each short range objective must be worked on over a long period of time before the long range objective can be reached. Time and patience are of utmost importance, as well as being willing to try new methods when others fail.

THE INSTRUCTIONAL PROCESS: RUSSELL

There will be other children who will show different types of behavior problems. For example, you may observe a child who does not get along with any of the other children or you may have a child who tends to be aggressive with the children and with you. These behaviors may be present over an extended period of time and then the child may seem to outgrow them. Other children will have difficulty adjusting to the preschool environment. Since they might be accustomed to being the center of attention and living in their own private world, the social situations which they encounter in preschool will probably be new and frightening. This difficulty in adjustment could cause problems in social development.

Russell is an overdependent, aggressive child. When he first entered preschool he appeared fearful and anxious. When the teacher tried to take his hand away from his mother he began kicking and yelling at the teacher. The mother explained that she and Russell's father had just recently gone through a bitter divorce. During the turmoil of the divorce Russell had been passed from one grandparent to another until the court decided to give the mother custody. Now Russell was going to preschool—to him, possibly a sign of losing the security of his mother and being placed under the care of a total stranger, the teacher.

Along with Russell's apparent emotional problems which were affecting his social development he appeared to have a short attention span, be "hyperactive," and displayed difficulty with fine motor skills. Because Russell's aggressive behavior was causing constant

problems in the classroom the educational team wanted to work fast in developing and implementing an individual educational plan (i.e.p.) for him. They decided to begin working toward improving Russell's social skills. Along with the parent interview, observational information was needed. Using the *Social Development Check List*, Russell was observed in the preschool and in his home situation. From this the educational team found that Russell did not have the following social problems while interacting with peers and other adults:

—plays with peers (but tries to start a fight when he does not get his own way)
—does not wait turn
—does not share with peers

Since the mother did not report such aggressive behavior at home as was observed at school, the educational team decided to talk further with his mother. Through this second interview it was discovered that whenever Russell started to "act up" or "throw a tantrum" at home, his mother would give in and give him his way in order to avoid trouble. Also, she was afraid if she did not give him his way he would not love her as much as he loved his father. It seemed that whenever he visited his father he always got his way, as well as extra presents for no particular reason. The mother said she felt she and Russell's father were both afraid of losing Russell's love so they were compensating by trying to "buy" his love by giving him gifts and giving in to him whenever he wanted something.

This answered many questions for the educational team. Russell's behavior was so much worse at school because he was not "getting his way." Russell's mother admitted that she felt guilty for causing Russell such emotional turmoil during her divorce and that was another reason she always let him have his way. But she knew she could not live with this much longer because he was ruling her life.

In developing instructional strategies the educational team had to be willing to understand that because Russell was not going to "get his way" over everything he wanted, his aggressive behavior was probably going to increase before it improved.

The first long range objective chosen by the teacher was: Russell will be able to accept "not getting his way" all the time. Like many goals, this was "easier said than done." Russell would kick, throw things, and scream whenever the team gave him a directive that he did not like. The teacher struggled to think of some way of decreasing these inappropriate behaviors. Russell's reactions were so extreme and immediate that it was really difficult to implement instructional strategies which increased appropriate behavior. The teacher decided upon a series of strategies.

Whenever Russell exhibited extremely aggressive behavior, he would be taken out of the classroom by the instructional associate. The instructional associate would take "Herman" the puppet along. The instructional associate would talk with Herman about how she wished Russell would calm down. Naturally Herman would always agree. After Russell calmed down, the instructional associate would give Herman the same directions that Russell received.

Name: Russell
Date: 9-15-77
Observer: S. R. Page

SOCIAL CHECK LIST

Acq. = Skill Acquired
Main. = Skill Maintained
Gen. = Skill Generalized

Skills circled are considered to be developmental landmarks.

CODE:

+ = Yes, as stated
⊕ = Yes, with adaptations
0 = No, with or without adaptations
? = Noncompliance
/ = Inappropriate for child

Skill	Acq.	Main.	Gen.
1. Awareness of body/self	+	+	+
2. Responds to caregiver's touch	+	+	+
3. Eye contact with caregiver	+	+	+
*4. Smiles at caregiver	+	+	+
5. Responds to caregiver's approach	+	+	+
6. Responds to voice	+	+	+
*7. Eye contact with others	+		
8. Smiles at familiar/ novel persons	+	+	+
9. Initiates physical interaction	0		
10. Stops crying with verbal attention	+		
11. Reacts to reduced attention	0		
12. Shares parental attention	/		
*13. Accepts affection from familiar others	+	+	
14. Physical affection to family members	+	+	+
15. Seeks physical contact	+	+	+
16. Prefers caregiver's assistance	+	+	+
17. Interacts with stranger	+		
*18. Protects own possessions	+	+	+
19. Waves	+	+	
20. Plays with own body	+	+	
*21. Explores environment	+		
22. Plays appropriately with toys	+		
23. Chooses own play activity	+		

2 10

24. Repeats household activities in play	?		
*25. Plays with family member	+		
26. Shares with family member	O		
27. Plays near peers without attention	+	+	
28. Plays alone near peers	+		
29. Imitates peers at play	+		
30. Joins in play with adult prompt	+	+	
31. Initiates play with peers	+		
*32. Plays with peers	O		
33. Sometimes waits turn	O		
34. Plays one-rule game with peers	+		
35. Goal-directed play with peers	+		
36. Shares on request	O		
37. Shares with peer on request	O		
38. Care of personal environment	O		
*39. Accepts family routine and changes in routine	O		
40. Identifies family member's possessions	+		
41. Performs simple tasks with caregiver	+		
42. Follows adult direction in reasonable amount of time	⊕		
43. Awakes quietly	+		
44. Delays gratification	+		
*45. Behaves appropriately in varied social situations	O		

INDIVIDUAL OBJECTIVES

Child's Name Russell

Date Sept. 19, 1977

Skill Area Social Skills

Date Comp	LONG TERM OBJECTIVE
11-2-77	Will accept a non-preferred natural consequence, (not getting his way), without throwing a tantrum.

Date Comp	SHORT TERM OBJECTIVES
9-26-77	- In an isolated "Time Out" area, Russell will attend to a constructive dialogue between the instructional associate and "Herman" the puppet without interrupting.
11-2-77	- After observing Herman's appropriate behavior, Russell will model Herman's behavior without screaming or yelling.

INDIVIDUAL OBJECTIVES

Child's Name Russell

Date Sept. 19, 1977

Skill Area Social Skills

Date Comp.	LONG TERM OBJECTIVE
12-16-77	Displays appropriate interaction with adults and peers in cooperative play (sharing).

Date Comp	* SHORT TERM OBJECTIVES
11-9-77	- Russell shares toys willingly with peers when asked by the instructional associate and/or teacher.
11-29-77	- Russell shares toys willingly with peers when asked by his mother.
12-16-77	- Russell shares toys willingly with adults and peers without being asked.

Herman would not scream but would tell the instructional associate he did not want to do it and why. The instructional associate would always understand but explain to Herman the reasons why he must do as he was directed. Herman, though reluctantly, would always understand. Then Herman would fulfill the I.A.'s direction (pantomime). At that point, the instructional associate would hug Herman and give him a piece of candy. The instructional associate would tell Herman that Russell would get a big hug and piece of candy too, if he followed directions like Herman. Then the instructional associate would refocus attention on Russell and invite him back to the classroom.

Russell was rather fascinated by the dialogue between the instructional associate and Herman. The puppet understood Russell but acted appropriately even when he did not feel like it. The indirect communication did not cause resentment or defensiveness. Russell really paid attention.

In summary the following short range objective was accomplished: In an isolated time out area, Russell will attend to a constructive dialogue between the instructional associate and "Herman" without interrupting. A second short range objective was then implemented:

After observing Herman's appropriate behavior, Russell will model Herman's behavior without screaming or yelling.

Russell did not fulfill his objective very well after another negative incident in the classroom, but the resentment was much less. The instructional associate gave Russell a small piece of candy for his improvement and said he would get his hug and bigger piece of candy when he did as well as Herman.

Similar strategies were used in a group situation. The preschoolers were all playing "Fish." The game was played by holding a long stick with a string tied to the end. At the end of the string was a small magnet. Behind a small curtain was a large tub that held magnetic fish. All the fish were yellow except for one red fish. The child who "caught" the red fish was the winner and got to choose her favorite record for the class to listen to. Russell "caught" a yellow fish. When another

child "caught" the red fish and was declared the winner, Russell tried to grab it away from her, yelling that he wanted it and it should have been his. Russell had to be taken out of the class by the I.A. and Herman and put in a "time out" situation to calm down. Finally Russell, too, began to realize if he did not win he could not pretend he was the winner by acting out. Therefore, with much trial and error and with consistent reinforcement Russell finally achieved his first long range objective: To accept a non-preferred natural consequence without throwing a tantrum.

Even with the achievement of the above objective Russell could not get along well with his peers in cooperative play. He needed to learn to share. To accomplish this objective the instructional associate worked with Russell in a small group. One toy from the class toy box was assigned to each child. Each child was then asked to give his or her toy to another child. Then the toys were returned to their "original" owner and each child returned their toy to the toy box. This strategy worked quite successfully with Russell. The next step was to have each child bring one of their favorite toys from home. The same activity was used where each child gave his or her toy to another child. Russell was reluctant and at first refused to give his toy away. But, after seeing that the other children always ended up with their own toy, he finally gave in. This activity had to be done on a daily basis for several weeks, both in the preschool and at home, before the instructional team felt that Russell could successfully share toys willingly with his peers. Along with these skills and with mental health counseling Russell was observed displaying appropriate interaction in cooperative play. His main objective was met.

Again, as in Marie's case, time, patience, and consistency are three important factors in trying to shape Russell's behavior.

SUMMARY

A child's lack of appropriate social skills can be a disrupting factor in a preschool classroom. The instructional process for this child must include assessment. Informal assessment should be conducted at home as well as preschool, including parent interviews, to gather background information about the child. Obtaining observational data can be one of the most useful assessment techniques. Verbal and non-verbal behaviors can be observed and level of development determined. Progress can be charted as more and more socially developed behaviors occur. This type of continuous assessment and evaluation should also aid in planning programs and providing the proper materials.

It is also important during observation to pay attention to the settings in which specific behaviors occur. The number of other children around, amount of space available, adult supervision and time of day can all affect a child's social behavior.

Other informal assessment techniques are available or can be designed by the teacher. Rating scales, interviews and situational measures are commonly used for assessment.

Social development takes place in all activities and programs which involve participation by the children. In preschool all activities affect social growth and communication. Children are learning to deal with others, listen to and follow directions all the time. Socially as well as

academically, they are becoming ready to enter school. After assessment and observation the educational team must determine long range objectives and short range objectives before implementing an individual educational plan (i.e.p.) for the child. From these objectives instructional strategies can be developed and programmed to meet the child's needs. Play is one of the most effective methods for stimulating social and even perhaps intellectual development.

The educational team needs to be flexible with the instructional strategies used. If one method does not work you must be willing to try a different approach. Whatever successes the child accomplishes should be recorded in order to keep a continuous progress report on each child. Once an objective is met, you need to keep practicing it to make sure the child is able to hold onto the skill. Remember, the social development skills of a child will impact upon her overall behavior and personality throughout her adult life.

ASSIST Activity 1: *Social Development*—Unit 4

Objective: To demonstrate knowledge of concepts involved in a child's social development.

Fill in the blanks.

1. A boy who understands that even if he let his hair grow long he would still be a boy has already begun to develop a (n) _____ .
2. The process during infancy which builds a sense of trust between a mother and her child is called _____ .
3. A child who is aware of her cultural heritage is developing a (n) _____ .
4. A little girl sees her father holding a baby and imitates his behavior and movements. She is demonstrating the concept of _____ .
5. When you make a suggestion to a boy to play cops and robbers instead of playing house, you are using a (n) _____ .
6. When you see children playing side by side but not really interacting they are in a (n) _____ situation.
7. If a child is sitting on the floor playing blocks by herself unaware of others around her she is in the stage of play called _____ .

Choose from the following:

A. attachment
B. modeling
C. isolated play
D. gender identity
E. sex role stereotype
F. ethnic identity
G. parallel play

ASSIST Activity 1:

1. D
2. A
3. F
4. B
5. E
6. G
7. C

ASSIST Activity 2: *Activity Plan/Social Skills*—Unit 4

Objective: To demonstrate skill in developing an activity plan for a lesson in social skills.

With the help of your teacher, choose one child in the classroom to work with. Develop a short activity plan on a social skill area utilizing the following Activity Plan format (or you may use another format more appropriate to your situation). After you complete the plan implement the lesson and discuss your impressions and evaluation of the activity with the teacher.

ACTIVITY PLAN

Student:
Long Range Objective:
Short Range Objective:
Pre-requisite Skill:

Length of Lesson:

Sequence of Activities	*Materials*	*Strategies*
EVALUATION:		

ASSIST Activity 2:

Answers are specific to your situation.

Name _____
Date _____
Observer: _____

SOCIAL CHECK LIST

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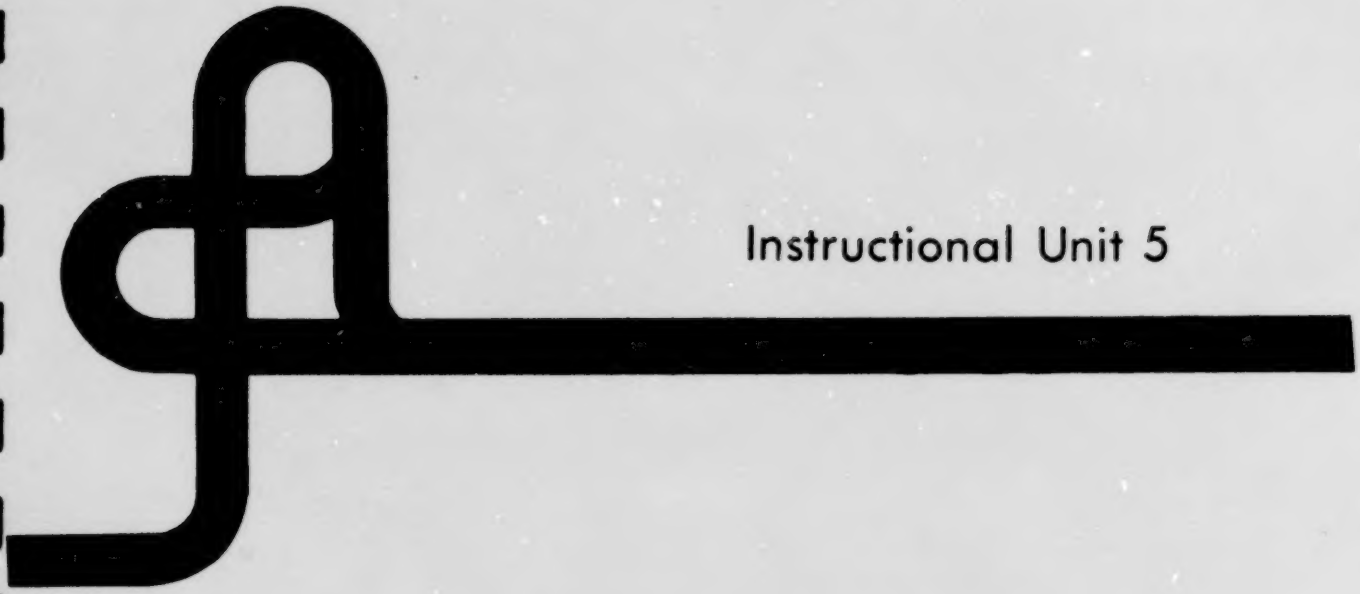
2. Responds to caregiver's touch			
3. Eye contact with caregiver			
*4. Smiles at caregiver			
5. Responds to caregiver's approach			
6. Responds to voice			
*7. Eye contact with others			
8. Smiles at familiar/ novel persons			
9. Initiates physical interaction			
10. Stops crying with verbal attention			
11. Reacts to reduced attention			
12. Shares parental attention			
*13. Accepts affection from familiar others			
14. Physical affection to family members			
15. Seeks physical contact			
16. Perfers caregiver's assistance			
17. Interacts with stranger			
*18. Protects own possessions			
19. Waves			
20. Plays with own body			
*21. Explores environment			
22. Plays appropriately with toys			
23. Chooses own play activity			

Sample Form

24. Repeats household activities in play			
*25. Plays with family member			
26. Shares with family member			
27. Plays near peers without attention			
28. Plays alone near peers			
29. Imitates peers at play			
30. Joins in play with adult prompt			
31. Initiates play with peers			
*32. Plays with peers			
33. Sometimes waits turn			
34. Plays one-rule game with peers			
35. Goal-directed play with peers			
36. Shares on request			
37. Shares with peer on request			
38. Care of personal environment			
*39. Accepts family routine and changes in routine			
40. Identifies family member's posessions			
41. Performs simple tasks with caregiver			
42. Follows adult direction in reasonable amount of time			
43. Awakes quietly			
44. Delays gratification			
*45. Behaves appropriately in varied social situations			



Instructional Unit 5

PERSONAL AUTONOMY SKILLS

Author: Richard White

INTRODUCTION

The Normalization Principle

In the past, handicapped children were viewed and treated very negatively by society. In the 17th and 18th centuries, handicapped children were often considered to be linked with "evil spirits" or "the devil." Parents of handicapped children often had to keep their offspring at home for fear of community violence against them or their children. Later, handicapped children were thought to be "sick or diseased," and were shunned as if they were contagious. Throughout history, handicapped individuals have been viewed as objects of pity, charity, or ridicule.

As a result of these viewpoints, severely handicapped children were often separated from their parents and put into institutions away from society. In these institutions, the children were mostly ignored. Their only interactions with institutional personnel took place when they needed to be cleaned or fed. Their childhood was very empty compared to other children. They did not even experience a normal rhythm of the day: getting out of bed, getting dressed, eating breakfast, etc. Many children stayed in night clothes and in bed all day. Only higher functioning children received any education at all. Mildly handicapped children living at home learned to hide their handicap as best they could to escape society's ridicule and negative treatment.

Not only were handicapped children robbed of opportunities to behave like other individuals, but the treatment they received robbed them of any motivation to act like other individuals. In essence, by treating the handicapped subhumanly, society encouraged them to act accordingly. Remember the ideas behind the "self-fulfilling prophecy" and "expectation effects." Like all humans, the behavior of the handicapped reflects the way in which they are treated.

Today, parents and advocates are struggling to end the negative social viewpoints and to improve the treatment of handicapped children. The normalization principle serves as a guide for these efforts. Essentially, the normalization principle means that any individual has the right to live as normal a life-style as possible. For example, handicapped children have a right to experience a normal rhythm of the day and other normal experiences of childhood. Included in these rights is a free public education which meets their needs. As always, the goal of this educational program is to help the child develop into an independent productive citizen. You should consider your preschool program to be an important part of the normalization process. By helping to provide an appropriate preschool program for handicapped children, you are increasing the chances that handicapped children can take part in regular public school programs and become independent adults.

Overview to Personal Autonomy Skills

Basic to the preschool's efforts in encouraging independent functioning must be an attempt to teach the crucial self-care survival skills. These skills, called personal autonomy skills, involve the combination and use of various motor, language, and social skills to fulfill self-care needs which society deems important.

Interestingly, the particular personal autonomy skills which are considered important vary from society to society and over time. For example, eating with a spoon and fork are highly encouraged in our society but hardly important in societies which do not use those utensils. Even within our society the importance of certain skills varies. Riding a subway is an important skill in New York City but less so in rural Kansas. Also, the importance of certain skills changes as history advances. Making cloth from thread used to be a widespread important survival skill that is no longer as valuable given industrialized cloth-making. Therefore, it is necessary for educators to continually evaluate the personal autonomy skills they teach in light of social change.

This chapter will cover five general personal autonomy skills which our society currently deems important. These areas are:

1. Feeding
2. Toileting
3. Dressing
4. Hygiene/Grooming
5. Safety

In the recent past (and too often today), public school programs presume that children entering the primary grades have already attained these skills. In fact, any handicapped child who was unable to perform these skills was excluded from public school. Today, the inability to perform these skills is no longer a legitimate excuse for denying a child a free public education. Nevertheless, by learning these skills in preschool, chances are increased that the public school program the handicapped child enters will be a more "normalized" program.

Like the other chapters, this chapter will concentrate on the steps in the instructional process which encourage the development of personal autonomy skills. The first step, assessment, should answer the following questions:

1. At what developmental level is the child currently performing within the five personal autonomy skill areas?
2. What adaptations to the assessment procedures must the educational team make to be sure that the assessment accurately reflects the child's abilities?

3. What particular problems is the child experiencing with certain prerequisite motor, language and social skills that prevent the child from performing a particular personal autonomy skill?
4. What particular conditions in the preschool environment and elsewhere are making it more difficult for the child to perform certain skills?

Then, the programming process should answer these questions?

1. What instructional objectives and classroom activities will lead to an improved performance by the child?
2. What instructional strategies and adaptations will increase the chances that the objectives are met and the activities are successful?
3. What evaluation strategies demonstrate the progress the educational team is making?

These questions will become more meaningful to you as you progress through the chapter and discuss the content with the teacher.

THE INSTRUCTIONAL PROCESS: PERSONAL AUTONOMY SKILLS

Feeding Skills: Judy

A major goal for any child is the ability to feed herself independently in an adult manner. By doing so the child's opportunities to function in society are increased. However, some handicapped citizens with severe paralysis of the upper trunk and/or extremities may always need assistance when eating. In these cases, every attempt is still made by the individual with help from her advocates to function in society as fully as possible. Indeed, many handicapped persons who need assistance when eating are productive, proud, dignified citizens. Not being able to feed oneself independently does not mean one cannot function in society; feeding oneself independently, however, does make social functioning easier.

On the next page is a developmental sequence for feeding which could provide your educational team a way of assessing children's strengths and weaknesses. The educational team's initial observations of Judy's performance indicated that she could feed herself solid foods using her fingers or a spoon but that she had difficulty reaching, grasping, and holding a bottle or glass for drinking. Next, the educational team had to determine which motor, language, and/or social problems were hindering Judy's performance on this skill. They decided that Judy did not have a receptive language problem nor was she simply refusing a request (social problem). From their observations the educational team felt that the problem preventing her from doing these

tasks was that she could not open the fingers of her preferred hand far enough to grasp the bottle or glass. This prerequisite fine motor skill was keeping Judy from performing other self-care tasks, also.

From this assessment information, the team began a program for Judy. A long range goal for feeding skills was: To drink independently. Hand in hand with this goal was the following fine motor goal: To be able to reach, grasp, and hold with one or two hands. A short range objective to meet both the feeding and fine motor goals was: Given a 1½" diameter juice glass, Judy will be able to reach, grasp, and hold the glass for 5 seconds.

Soon after, while working with Judy, the teacher noticed that, if she opened Judy's fingers for her, Judy had the strength to close her hand and hold the 1½" glass. From that discovery, another short range fine motor objective was devised.

Using her opposite arm (left arm), Judy will pry the fingers of her hand open wide enough to grasp 1½" wide objects. This objective Judy attained quickly. Soon Judy was able to drink independently using the juice glass. The team also discovered that using a slightly lower table (or higher chair) made eating easier for Judy. Activities such as playing waitress at snack time, watering the plants, using the 1½" glass in the water tub and sand box, etc., were devised to maintain the skills Judy had acquired. Soon she was able to grasp even wider objects.

Reviewing the steps in the instructional process for Judy, the team:

1. Used the developmental checklist to assess strengths and weaknesses.
2. Observed Judy precisely to identify particular motor, language, or social problems hindering performance.
3. Attempted to identify conditions hindering performance (table height, glass size, etc.)
4. Developed long and short range objectives based on assessment information.

Name: Judy
Date 12-9
Observer L. Livers

PERSONAL AUTONOMY FEEDING CHECK LIST

Acq. = Skill Acquired
Main. = Skill Maintained
Gen. = Skill Generalized

Skills circled are considered to be developmental landmarks.

CODE:

+ = Yes, as stated
⊙ = Yes, with adaptations
0 = No, with or without adaptations
? = Noncompliance
/ = Inappropriate for child

Skill	Acq.	Main	Gen
1. Opens mouth	+	+	+
2. Sucks liquid	/	/	/
3. Anticipates feeding	/	/	/
4. Recognizes bottle/ opens mouth	/	/	/
5. Eats from spoon	/		
6. Reaches/grasps bottle	0		
*7. Places bottle in mouth	0		
8. Chews/swallows semi-solid food	+	+	+
9. Feeds self with fingers	+	+	+
*10. Chews/swallows finely chopped food	+	+	+
11. Drinks from cup	⊙	0	0
12. Uses straw	⊙	0	0
13. Uses spoon	+	+	+
14. Holds fork	+	+	+
15. Uses napkin	+	0	0
*16. Pours liquid	0		
17. Spoons from serving bowl	0		
18. Cleans spills	0		
19. Uses knife to spread	0		
20. Uses knife to cut (with fork)	/		
*21. Uses eating utensils	/		
22. Clears place at table	/		
23. Helps set place at table	/		

5. Provided activities to assist acquisition and maintenance of drinking skills.
6. Recorded the successful completion of objectives, then devised new objectives.

When a child is not able to perform a personal autonomy skill, it usually takes much time to identify the particular prerequisite motor, language and/or social skills the child lacks. It usually takes much ingenuity to devise strategies which will lead to the acquisition, maintenance, and generalization of new skills. It also takes ingenuity to pinpoint adaptations of the situation which will make the child's efforts more successful.

Common conditions which need adaptation for feeding are:

1. Body position—Is the child erect (head and body straight up and down)? Is the food reachable (table too high?) Is the child comfortable?
2. Type of utensils—Are the utensils shaped to help the child? Is the spoon too deep? Too long? Is the glass too wide? Too full? There are many different ways utensils and containers can be shaped to make the child's feeding efforts more successful. Once successful with the adapted utensils, the child can be gradually taught to use regular utensils if the team so desires.
3. Type of food—Certain foods are easier to eat and easier to keep on a fork. Dry foods, for example, are usually easier to keep on a spoon than strained or liquid foods.

In your role as an instructional associate, the more ideas and suggestions you can make regarding helpful adaptations, activities and materials, the more appreciated you will be.

Toileting Skills: Sammy

Toileting in our society is a private act. Hence, it requires independent functioning. Toileting also involves use of the genital organs. As a result, toileting is associated with many of the traditional taboos, fears, and apprehensions associated with human sexuality. These apprehensions, fears, and taboos of adults are often the basis for the unpleasant toilet training experiences of children. Children are told not to express themselves regarding feelings or sensations in the penis or vulva. Children are scolded at for saying "pooh" too loud or "pee-pee" with a smile. In fact, these cues from children are extremely helpful to the sensitive adult in the toilet training process. Learning toileting skills does not have to be an unpleasant experience. The sensations and accomplishments of toileting can be delightful for children. The preschool bathroom is often a place of child merriment and humor.

For the handicapped preschooler, however, toileting has often been a source of ridicule and embarrassment. Lack of toileting skills was once a primary reason for handicapped children

being excluded from school, although fortunately, such excuses are no longer acceptable.

As an instructional associate, you must be sure that any apprehensions concerning human sexuality which you may have are not expressed to children. Teaching children shame or fear responses will probably interfere with learning toileting skills. You should deal with the acquisition of toileting skills in the same manner you deal with the instruction of other skills. Contrary to the traditional beliefs about the learning capacity of handicapped children, the most subtle negative responses of adults concerning toileting or sexuality are often picked up. Honest communication among members of the educational team concerning personal attitudes in relation to the instruction of toileting skills is essential.

On the next page is a developmental checklist for the assessment of toileting skills. The educational team's assessment of Sammy indicated that he could not perform any of the items on the checklist. They did notice that when Sammy soiled his pants, he would attempt to hide the fact rather than indicate displeasure. Given Sammy's ability to perform many other complex personal autonomy skills well, the team suspected that a social rather than motor or language problem was at the bottom of Sammy's difficulties. Another reason for their opinion was the apprehension Sammy displayed when the instructional associate or teacher took Sammy away from the classroom activities to clean and dress him. They reasoned that Sammy was expecting some form of punishment.

The teacher decided to discuss Sammy's toileting experiences with his mother. The mother explained that she had tried to train Sammy when he was 18 months old. After much frustration for her and Sammy, she gave up. Then she tried again when Sammy was two. Although he seemed to have a better idea of what he was supposed to do, he was still "stubborn" and refused to perform. She said that the toilet training incidents were very unpleasant for both of them. He would cry, scream, and resist, then she would yell and get angry, etc. She reported that it was less of a hassle for her at this point to simple clean and dress Sammy when he soiled his clothes than to attempt toilet training.

The teacher and instructional associate agreed with the mother that toilet training was not an easy task. It was necessary for the team to demonstrate empathy, lessen the mother's feelings of inadequacy regarding toilet training, and enlist her willingness to work with the team on toileting skills. During the conference the team and the mother agreed to the long range goal: To toilet independently. They also agreed to the following instructional strategies.

1. The team would select a friend of Sammy's with toileting skills as a model.
2. They would take Sammy along when the friend used the toilet, praise the child who toilets and praise Sammy for watching. This would show Sammy that the toileting experience can be pleasant.
3. The educational team and the mother would try to ease Sammy's apprehension by simply redressing Sammy when he soiled his clothes without being positive (and thus reinforcing his inappropriate behavior) or punishing him. The intent was to treat the

Name: Sammy
Date: 2-16
Observer: T. Elliott

TOILETING HYGIENE/GROOMING CHECK LIST

Acq. = Skill Acquired
Main. = Skill Maintained
Gen. = Skill Generalized

Skills circled are considered to be developmental landmarks.

CODE:

+ = Yes, as stated
• = Yes, with adaptations
0 = No, with or without adaptations
? = Noncompliance
/ = Inappropriate for child

Skill	Acq.	Main.	Gen.
TOILETING			
1. Indicates when wet/soiled	0	0	0
2. Uses toilet			
*3. Indicates toilet needs			
4. Completes toileting/attempts to wipe			
*5. Toileting independence			
HYGIENE/GROOMING			
1. Brushes teeth			
2. Washes face with soap			
3. Washes hands with soap			
4. Washes hands/face with washcloth			
5. Dries hands/face			
6. Bathes in tub			
7. Dries body			
8. Brushes/combs hair			
9. Blows nose on command			
10. Keeps nose clean			

2-1

incident very calmly. They agreed that Sammy's fear was adding to his difficulty to perform the task.

4. The educational team would attempt to have Sammy sit on the toilet every 90 minutes for 15 seconds or whenever he indicated the need to toilet.
5. When Sammy was successful, they would immediately praise him with a hug (his favorite reward). Then, the mother would begin to try toilet training at home.

In essence, the short range objectives were:

a. When observing a friend toileting, Sammy would observe the process without demonstrating uncooperativeness or apprehension.
b. When put on the toilet for set intervals of 15 seconds every 90 minutes, Sammy will cooperate 2 out of 3 times.
c. When put on the toilet for the set intervals, Sammy would urinate or complete a bowel movement 50% of the time.

The efforts of the educational team did not go so smoothly, however. Sammy was very uncooperative during the first visit with his friend. He refused to watch and screamed his displeasure. Not until the team praised the friend and left the bathroom did Sammy's outcries cease. After many visits and after Sammy realized that he was not being asked to perform, he began to be more cooperative and pay attention. Then the team decided to implement the second short range objective.

The second objective was met with more resistance than the first. Sammy cried and screamed when the instructional associate attempted to undress him. After several negative sessions, the instructional associate suggested to the teacher that they revise the objective and have Sammy sit on the toilet with the lid down and his clothes on. Even though this strategy is contrary to the usual

procedure (taking the child's pants down is often a helpful cue to the child), the teacher agreed that the adaptation was a good one.

Sammy still resisted. The team then tried to limit the sitting interval to five seconds. Finally, Sammy was able to stay on the toilet for 5 seconds with clothes on and the instructional associate was able to praise him. After a while, Sammy was able to accomplish the revised objective without the fearful responses.

However, when the team attempted to implement the original objective (pants down sitting on the toilet), Sammy lapsed into resistant crying behavior. The resistance decreased as Sammy learned that the 5-second interval remained the same, and as the educational team demonstrated the same calm, firm, yet kind approach. In addition, through more precise observation of Sammy, the educational team had identified cues indicating that Sammy was about to soil his clothes (quick looks around the room followed by walking toward a classroom corner). At these times they would put Sammy on the toilet in addition to the set intervals.

Finally, Sammy began to use the toilet sporadically. As his apprehensions decreased, his successes increased. Soon he was toileting independently including wiping off after bowel movements. He even began to laugh at the "pooh-pooh," "pee-pee" joking of the other children in the bathroom. His mother visited the classroom for several sessions to take part in the instruction and praise Sammy's accomplishments. Sammy readily generalized his new skills to his home, and a long, tedious and rather unhappy ordeal for mother and child came to a close.

For children with more severe motor and language handicaps, toilet training can be even more difficult than for Sammy. Again, it is often necessary to make certain adaptations to insure better acquisition and generalization of skills. Common conditions to be on guard for include:

1. Position—Is the child positioned on the toilet in such a way that she can perform? Is the child securely positioned? For example, some children with gross motor balance problems may need a bar to hold on to. Most preschool children find it helpful to put their feet on a box.
2. Type of toilet—although the goal is to use the standard toilet appropriately, it may be necessary to use modifications such as a potty chair to make the opening of the commode smaller, a front guard on the chair for boys, a wheelchair height toilet, etc., to encourage skill development.

As always, the goal of the educational team is to modify the conditions from individual assessment information to make sure that the objective, strategies, and activities are successful.

Dressing Skills: Sharon

Dressing skills are a concern for members of educational teams serving nonhandicapped, mildly handicapped, and severely handicapped children. Most normal preschoolers are still struggling with shoe tying, buttoning and zipping coats, etc. Severely handicapped children may

be struggling with pulling off socks, on the other hand. Since this personal autonomy skill area is one in which all preschool children are involved, it provides a basis for normalized mainstreamed classroom activities. Dressing skill instruction can be individualized to meet the child's needs while integrating the children at the same time. In a dress-up area the handicapped child can put the coat on while the nonhandicapped child buttons the coat for her. The handicapped child can pull the doll's clothes off, the nonhandicapped child can then dress her, or whatever.

Children are quite able to recognize different skill levels among themselves. Also if the situation is properly arranged, they can modify their play activities to accommodate these difficulties and have fun doing so.

On the next page is an assessment checklist of common dressing skills in a developmental sequence. Like other personal autonomy skill areas, dressing skills require the use and combination of various prerequisite motor, language, and social skills. Therefore, when the educational team was assessing Sharon's dressing skills, they knew they had to take into account their previous assessments. They also realized that Sharon's difficulties with receptive and expressive language skills would affect her performance in dressing skills. Except for gross motor balance difficulties, they did not feel the motor or social skill areas would present difficulty. Lastly, they knew that the child's hearing and visual impairments would require certain adaptations to the instruction for Sharon.

As evidenced by the checklist, Sharon could take some clothing off, but putting clothes on was difficult. The observations of the educational team indicated that taking socks off, in particular, was a form of isolated play for Sharon. The team also felt that much of the difficulty Sharon was experiencing in learning to put clothes on was a result of her problems with language. It was necessary, therefore, to use the instructional strategies and adaptations devised for the language area to teach these personal autonomy skills, also.

To begin with, the teacher chose the long range objective:

To put on socks independently.

Short range objectives from the long range objective were:

1. When given the direction "Pick up the sock," Sharon will, with the physical assistance of an adult, pick up the sock 3 out of 5 times.
2. Sharon will complete the previous short range objective without assistance.
3. When given the direction, "Hold the sock open Sharon," Sharon will, with physical assistance from an adult, ready the sock to put on 3 out of 5 times.
4. The previous objective will be done without physical assistance.
5. When given the direction "Put the sock on Sharon," Sharon will, with physical assistance, put her sock on 3 out of 5 times.
6. The previous objective will be done without assistance.

Name: Sharon
Date: 1-14
Observer R Jones

DRESSING
CHECK LIST

Acq. = Skill Acquired
Main. = Skill Maintained
Gen. = Skill Generalized

Skills circled are considered to be developmental landmarks.

CODE:

+ = Yes, as stated
(+) = Yes, with adaptations
0 = No, with or without adaptations
? = Noncompliance
/ = Inappropriate for child

Skill	Acq.	Main	Gen.
1. Cooperates when dressing/undressing	+	+	+
2. Holds arms/legs for dressing/undressing	+	+	+
3. Puts on/takes off cap	+	+	+
4. Pulls off shoes	+	+	+
5. Pulls off socks	+	+	+
6. Takes off shirt	+	+	+
7. Takes off T-shirt	+	+	+
*8. Takes off pants	+	+	+
9. Puts on socks	0		
10. Puts on shoes	0		
11. Puts on T-shirt	0		
12. Puts on pants	0		
*13. Puts on coat	0		
14. Unsnaps clothes	/		
15. Unzips clothes	/		
*16. Unbuttons clothes	/		
17. Unbuckles belt	/		
18. Snaps clothes	/		
19. Zips Clothes	/		
20. Buckles belt	/		
21. Threads belt into pants/skirt	/		
*22. Buttons front buttons	/		
23. Ties laces	/		
24. Undresses	/		
*25. Dresses	/		

The educational team had discovered in earlier assessments of Sharon's receptive language skills that tapping the floor or table near the object Sharon was to pick up was a nonverbal communication that Sharon understood better than verbal direction. The team always tried to use nonverbal gestures along with verbal communication and gradually move Sharon toward primary reliance on verbal communication. The team also discovered that, for Sharon, a big hug was the favorite reinforcement.

In the process of instruction, Sharon accomplished behavioral objective 1 and 2 even without the tapping cue. Readying the sock to put on with assistance was also accomplished but readying the sock independently and putting it on were quite difficult. She had difficulty getting her foot in the opening and, when she did, the heel of the sock was often to the side or on top. The team adapted the instructional process by using a larger pair of socks with a bow at the top center to guide Sharon's efforts. Then they began to use regular socks as Sharon's new skill was refined.

Certainly the educational team gained an appreciation for just how complex dressing skills are. Inside-out, front, back, open, pull, etc., were just a few of the language concepts involved in the task.

What was tremendously gratifying to the team, however, was that Sharon had learned to respond to a set of procedures that soon benefited her on other skills. First she learned by means of a combination of physical assistance, "tapping" nonverbal cues, and verbal cues. Then she learned with the "tapping" cue and verbal cue, and finally, through verbal communication only. When the educational team moved on to putting on pants (elastic belt) and pull-over shirts (wider than normal head opening), the groundwork set in learning to put on socks helped Sharon immensely.

The team also had Sharon play with other children dressing dolls. Before Sharon had undressed the dolls and her friends dressed them, but with instruction Sharon began to dress

them also. Putting on funny hats and women's shoes in the dress up area, large smocks in the art area, etc., reinforced both dressing skills and language skills (on, off, in, out, arm, hand, etc.)

In the area of dressing as for other personal autonomy skills, difficulties with prerequisite motor, language, and social skills will usually cause problems. Various adaptations can be made to lessen the effects of these difficulties. As you gain experience, you can assist the teacher greatly by pinpointing particular conditions which make the problems worse, and then by creatively modifying the situation to overcome the problems. Common conditions that need adaptation in the area of dressing are:

1. Position—Some children put pants on best on a chair, some on the floor, some against a wall, etc. Experiment with different positions, if need be, until the best position for the individual child is found.
2. Clothing—Some clothes eliminate the need for complex dressing skills such as beltless pants, slip-on shoes, pull-over shirts, etc. Other clothes make complex dressing skills easier such as large button or large zipper coats, buckle shoes, etc. Some types of clothes such as nylon and clinging knits are more difficult to pull on. Try to anticipate any problems associated with particular articles of clothing when teaching dressing skills.

Finally, remember that handicapped children like all children deserve to have as pleasant an appearance as possible. Avoid the continued use of baggy or unfashionable clothes once the child has acquired a particular skill. It is possible to provide the child with easy-to-use clothing that are still attractive which will encourage independent functioning.

Hygiene/Grooming Skills: Julie

Hygiene/grooming skills essentially involve skills associated with bathing, washing, teethbrushing, hair combing, and nose blowing. While most children acquire these skills through explanation, or modeling parents, many handicapped children need arranged instructional opportunities to gain these skills. Less handicapped and normal preschool children will need to refine their skills (brushing teeth in the medically preferred manner, washing with less spilling, etc.). So once again, hygiene/grooming skills provide an area of learning activities that are relevant to children of various developmental levels.

An assessment checklist for the major hygiene/grooming tasks follows on the next page. Gross and fine motor impairments can cause difficulties with hygiene/grooming skills. Standing at a sink reaching for soap, working soap in the hands, etc., can be very difficult tasks for some children. Understanding the words soap, wash, dry and communicating pain from soap in the eye or a "runny nose" can be serious problems for language impaired children. Fear of water, lack of

Name: Julie
Date: 4-7
Observer: W. Waters

TOILETING/ HYGIENE/GROOMING CHECK LIST

CODE:

Acq. = Skill Acquired
Main. = Skill Maintained
Gen. = Skill Generalized

Skills circled are considered to be developmental landmarks.

+ = Yes, as stated
⊙ = Yes, with adaptations
0 = No, with or without adaptations
? = Noncompliance
/ = Inappropriate for child

Skill	Acq.	Main.	Gen.
TOILETING			
1. Indicates when wet/ soiled			
2. Uses toilet			
*3. Indicates toilet needs			
4. Completes toileting/ attempts to wipe			
*5. Toileting independence			
HYGIENE/GROOMING			
1. Brushes teeth	+	0	0
2. Washes face with soap	+	0	0
3. Washes hands with soap	+	0	0
4. Washes hands/face with washcloth	+	0	0
5. Dries hands/face	+	0	0
6. Bathes in tub	⊙	0	0
7. Dries body	+	0	0
8. Brushes/combs hair	+	0	0
9. Blows nose on command	0	0	0
*10. Keeps nose clean	0	0	0

opportunity to use hygiene tools and materials, etc., are social problems which may interfere with instruction of these skills. The assessment process should provide the educational team information concerning: a) the child's current hygiene/grooming skill performance, b) prerequisite motor, language, or social skill difficulties which are hindering hygiene skill performance and c) conditions in the environment which are aggravating the child's performance.

Julie was a preschool child who was frequently sick, and hence, often had a "runny nose." Julie lived with her mother and six siblings in a low-income neighborhood. Since Julie's mother was often sick herself, and had several younger siblings to care for, it was difficult for her to make sure Julie was bathed and Julie's clothes were clean for each preschool day. To help Julie and the family, the educational team decided early in the year to make hygiene/grooming skills a part of the instruction. By encouraging Julie to be independent in this skill area, it was hoped her health would improve and her mother's burdens would be eased.

Assessment indicated that Julie had acquired some skills in hygiene/grooming but they were not maintained or generalized. The team felt this was probably due to lack of opportunities and consistent day-to-day encouragement (social skill related problems). The one skill that was not acquired was nose blowing. Again, however, they felt the problem was mainly social and not a language or motor difficulty.

Since the educational team was planning a series of classroom activities for the hygiene/grooming area anyway, they could easily deliver Julie's individualized program without segregating her from the overall program. They were able to obtain toothbrushes and toothpaste for all the children from a local dental association. In the art area, Julie and some other children decorated with yarn and needle secondhand washclothes, handkerchiefs, and towels. They found that using a personally decorated washcloth really increased the children's motivation to use them. Soap samples from the local motel of a large national chain of motels were obtained free of charge. Indeed, the instructional associates' ability to locate such materials in the community was an invaluable contribution to the Center and school.

From Julie herself, the educational team discovered that Julie only had access to the kitchen sink for bathing. Bathing instruction, therefore, had to be adapted to this reality. Julie learned not only to bathe herself but to wash her clothes in the preschool sink (the preschool was fortunate to have a somewhat private sink area). She also learned to wring out her clothes and hang them to dry. The team also gave Julie and a few of her friends the responsibility of washing the dress up clothes, cleaning rags, etc.

On a home visit, the educational team described to the mother that a part of the program for all the children was learning to be a "home helper." They had Julie show her mother that she could wash clothes in the sink, etc., as well as comb her hair, brush her teeth, and so on. By introducing the program in this way, the team demonstrated respect for the dignity of the family. Julie's mother was very enthusiastic and said she'd make sure Julie "did her chores."

For other children, more severely handicapped than Julie, instruction is more complex. For Julie, instruction consisted of providing motivating activities and opportunities for practice. Other children will need step-by-step instruction for these skills. Take for example, the nose blowing skill. Steps in the instruction could include:

1. Opening the handkerchief.
2. Picking up the handkerchief with two hands.
3. Folding the handkerchief around the nose.
4. Blowing one nostril then the other (to protect the ears).
5. Wiping the nose thoroughly.
6. Folding the handkerchief.

For some children, it will be necessary to break these steps down into even smaller behavioral steps. By now this step-by-step approach should be quite familiar to you. That's right. It's task analysis.

Safety Skills: Jimmy

Safety skills generally are concerned with the avoidance of unsafe objects, safe use of common tools or materials, and use of social safety rules. A checklist of common safety items is presented on the following page.

The educational team recognized that Jimmy's difficulty with receptive language could have dangerous consequences. In fact, Jimmy had shocked himself recently at home by pushing a fork into an electrical outlet. Upset by this, the parents asked the educational team if they could teach some safety skills to Jimmy.

Since the parents were so interested, the educational team asked the parents to take part in the assessment process with them. From that discussion they learned that the parents had tried to teach Jimmy to avoid dangerous things, but they had a difficult time making Jimmy understand what he should do.

With the parents the educational team discussed the long range goal: To avoid dangerous objects. Short range objectives were:

1. When taken around a room, Jimmy will, when asked if an object is dangerous, nod his head yes or shake his head no correctly 80% of the time.
2. When shown pictures of 3 objects, Jimmy will be able to point to the dangerous object 80% of the time.
3. When pointing to the dangerous object, Jimmy will say "Ooch, hurts!" 90% of the time. ("Ooch" was Jimmy's way of expressing pain.)

Jimmy was able to accomplish these objectives in a short period of time. However, it was much more difficult to instruct Jimmy about objects that are useful tools that can be dangerous, such as the woodworking tools. They tried to teach Jimmy the concept "careful," so that he would not avoid the objects entirely but would use caution. Classroom activities in the art and woodworking area were especially valuable for meeting the long and short range objectives.

Like other personal autonomy skill areas, safety skills are important for all preschoolers. Most normal preschoolers are still learning to cross the street, watch for cars, use a hammer safely, etc. The task for the educational team is to be able to organize the instruction so that the needs of children at different developmental levels are met.

However, the team must be careful not to let safety concerns become an unnecessarily limiting factor. A new important concept for educators of handicapped children is "the dignity of risk." Using tools, going across the street, playground activities, etc. all involve risk. Such risks must be taken, however. Depriving handicapped children of the chance to engage in normal "risky experiences" deprives them of opportunity and dignity. Safety must not become an excuse for isolating handicapped students from everyday, yet potentially dangerous activities which they can successfully accomplish.

Name: Jimmy
Date: 12-8
Observer: C. Lewis

SAFETY
CHECK LIST

Acq. = Skill Acquired
Main. = Skill Maintained
Gen. = Skill Generalized

Skills circled are considered to be developmental landmarks.

CODE:

+ = Yes, as stated
⊙ = Yes, with adaptations
0 = No, with or without adaptations
? = Noncompliance
/ = Inappropriate for child

Skill	Acq.	Main.	Gen.
1. Avoids hot stove	⊙	⊙	⊙
2. Avoids electrical appliances	/	/	/
3. Avoids electrical outlets	/	/	/
4. Avoids playing with matches	/	/	/
*5. Avoids broken glass	/	/	/
6. Knows edibles/ non-edibles	/	/	/
7. Properly handles sharp objects	/	/	/
8. Uses tools in appropriate places	/	/	/
*9. Crosses street	/	/	/
10. Recognizes safety	/	/	/
11. Knows playground limits			
12. Performs simple errands			
13. Walks to friends house			
*14. States full name, etc.			

SUMMARY

The instructional process for personal autonomy skills is no different from other skill areas. The educational team must assess the child's performance and conditions in the preschool or home, which are influencing the child's performance. To do this the team conducts precise observations, uses informal checklists, uses anecdotal records, etc. When observing, every effort is made to identify prerequisite motor, language, and social skill difficulties which are preventing the child from performing the personal autonomy skill.

Then the team programs for the child. The team begins by devising long range and short range objectives based on assessment information. Once the team has clarified the direction in which they wish to go, they devise instructional strategies to meet the goals. Which rules, routines, and rewards will the team use? What step-by-step procedures will help the team accomplish the objectives. Art activities, block building, sandbox play, water play, language activities, and many other activities can be used to teach personal autonomy skills. Finally, every effort is made to keep clear records which demonstrate the progress of the children and the successes of the educational team.

ASSIST Activity 1: *Personal Autonomy Assessment*—Unit 5

Objective: To derive information from an informal checklist.

Here is an informal checklist of Joanne's dressing skills:

	Yes	No	Sometimes
1. Puts on pants	X		
2. Puts on coat	X		
3. Unsnaps clothes			X
4. Unzips clothes		X	

Using your imagination name one prerequisite motor skill, one language skill and one social skill that must be hindering Joanne's performance?

Motor: _____

Language: _____

Social: _____

Name one adaptation that could assist Joanne's performance.

Adaptation: _____

How would you determine whether the prerequisite skills you identified were contributing to Joanne's performance problems and whether your adaptation was helpful?

_____

ASSIST Activity 1:

Possible Answers:

Motor: Insufficient pincer grasp
Language: Receptive language inability to understand unsnap or unzip
Social: Refusal to obey a verbal request
Adaptation: Put a loop in the zipper lever for the child's thumb to pull
Continued assessment including precise observation.

ASSIST Activity 2: *Personal Autonomy Objectives*—Unit 5

***Objective:** To devise long range and short range objectives from assessment information.*

Below is an anecdotal record of Jeremy's feeding behavior:

> Jeremy drools the food out of his mouth when he eats. His protruding tongue seems to make it hard for him to eat. The other children tease him about it.

Devise a long range objective:

Devise a short range objective:

What adaptation may prevent Jeremy's drooling?

ASSIST Activity 2:

Possible Answers:

L-R Objectives: 1. To eat solids without drooling.
2. To teach children acceptance of human difference.

S-R Objective: 1a. When given finely chopped food, Jeremy will be able to chew and swallow without any drooling.

Adaptation: A shallower spoon to decrease amount of food put in mouth.

ASSIST Activity 3: *Strategies*—Unit 5

Objective: To devise appropriate instructional strategies.

Anecdotal Record

Shirley is a severely visually and hearing impaired child. She is very affectionate and enjoys contact with the other children. She loves to swing on the playground, and play in the sandbox. Her major difficulty is with receptive language skills. She is much better at expressing herself through facial expressions, gestures, and babbling.

Long Range Objective: Shirley will dress herself independently.
Short Range Objectives: a) When given a pull-over shirt in her hands, Shirley will pull it over her head 3 out of 5 times.
b) When given a pair of beltless pants in her hands, Shirley will pull them on 3 out of 5 times.

As best you can, try to devise instructional strategies for Shirley to meet the objectives.

Reinforcers: _____

Routines: _____

Procedures: _____

_____

Adaptations: _____

ASSIST Activity 3:

Possible Answers:

Reinforcers: Hugs, swinging on playground
Routines: Changes clothing after clothes get sandy or wet
Procedures: 1) Place clothes in hand
2) Have child feel to make sure she knows what article it is.
3) Provide physical assistance for each movement with verbal direction.
4) Decrease assistance using only nudges.
5) Eliminate even the nudging.
Adaptations: Easy pull-on pants and shirts.

ASSIST Activity 4: *Personal Autonomy Activities*—Unit 5

Objective: To devise classroom activities to meet objectives.

Long Range Objective—Hygiene/Grooming Skills: Jamie will comb her hair independently.

Devise a short range objective(s) and classroom activities to meet the objectives:

ACTIVITY PLAN

Student: Jamie, Sharon, Elise
Long Range Objective: To comb hair independently
Short Range Objective:

Sequence of Activities	*Materials*	*Strategies*

ASSIST Activity 4:

e.g. Combing dolls' hair or stuffed animalls hair.
Playing Barber/Beauty Shop
Playing Cinderella, etc.

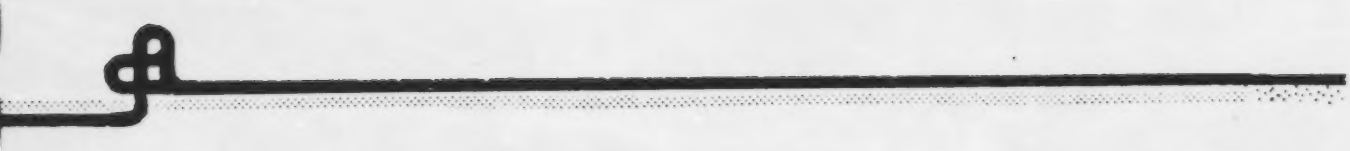
ASSIST Activity 5: *Evaluation*—Unit 5

Tommy is being toilet trained. Name at least 3 aspects of the programming process that need to be evaluated for their effectiveness.

1.

2.

3.



ASSIST Activity 5:

Possible Answers:

1. Materials (potty chair, clothes)
2. Reinforcers
3. Procedures
4. Activities
5. Adaptations

Name: _____
Date: _____
Observer: _____

PERSONAL AUTONOMY FEEDING CHECK LIST

Acq. = Skill Acquired
Main. = Skill Maintained
Gen. = Skill Generalized

Skills circled are considered to be developmental landmarks.

CODE:

+ = Yes, as stated
⊙ = Yes, with adaptations
0 = No, with or without adaptations
? = Noncompliance
/ = Inappropriate for child

Skill	Acq.	Main.	Gen.
1. Opens mouth			
2. Sucks liquid			
3. Anticipates feeding			
4. Recognizes bottle/ opens mouth			
5. Eats from spoon			
6. Reaches/grasps bottle			
*7. Places bottle in mouth			
8. Chews/swallows semi-solid food			
9. Feeds self with fingers			
*10. Chews/swallows finely chopped food			
11. Drinks from cup			
12. Uses straw			
13. Uses spoon			
14. Holds fork			
15. Uses napkin			
*16. Pours liquid			
17. Spoons from serving bowl			
18. Cleans spills			
19. Uses knife to spread			
20. Uses knife to cut (with fork)			
*21. Uses eating utensils			
22. Clears place at table			
23. Helps set place at table			

Sample Form

Name: _____
Date: _____
Observer: _____

DRESSING
CHECK LIST

Acq. = Skill Acquired
Main. = Skill Maintained
Gen. = Skill Generalized

Skills circled are considered to be developmental landmarks.

CODE:

+ = Yes, as stated
⊕ = Yes, with adaptations
0 = No, with or without adaptations
? = Noncompliance
/ = Inappropriate for child

Skill	Acq.	Main	Gen.
1. Cooperates when dressing/undressing			
2. Holds arms/legs for dressing/undressing			
3. Puts on/takes off cap			
4. Pulls off shoes			
5. Pulls off socks			
6. Takes off shirt			
7. Takes off T-shirt			
*8. Takes off pants			
9. Puts on socks			
10. Puts on shoes			
11. Puts on T-shirt			
12. Puts on pants			
*13. Puts on coat			
14. Unsnaps clothes			
15. Unzips clothes			
*16. Unbuttons clothes			
17. Unbuckles belt			
18. Snaps clothes			
19. Zips Clothes			
20. Buckles belt			
21. Threads belt into pants/skirt			
*22. Buttons front buttons			
23. Ties laces			
24. Undresses			
*25. Dresses			

Sample Form

Name: _____
Date: _____
Observer: _____

TOILETING HYGIENE/GROOMING CHECK LIST

Acq. = Skill Acquired
Main. = Skill Maintained
Gen. = Skill Generalized

Skills circled are considered to be developmental landmarks.

CODE:

+ = Yes, as stated
⊕ = Yes, with adaptations
0 = No, with or without adaptations
? = Noncompliance
/ = Inappropriate for child

Skill	Acq.	Main.	Gen.
TOILETING			
1. Indicates when wet/ soiled			
2. Uses toilet			
*3. Indicates toilet needs			
4. Completes toileting/ attempts to wipe			
*5. Toileting independence			
HYGIENE/GROOMING			
1. Brushes teeth			
2. Washes face with soap			
3. Washes hands with soap			
4. Washes hands/face with washcloth			
5. Dries hands/face			
6. Bathes in tub			
7. Dries body			
8. Brushes/combs hair			
9. Blows nose on command			
10. Keeps nose clean			

Sample Form

Name: _____
Date: _____
Observer: _____

SAFETY
CHECK LIST

Acq. = Skill Acquired
Main. = Skill Maintained
Gen. = Skill Generalized

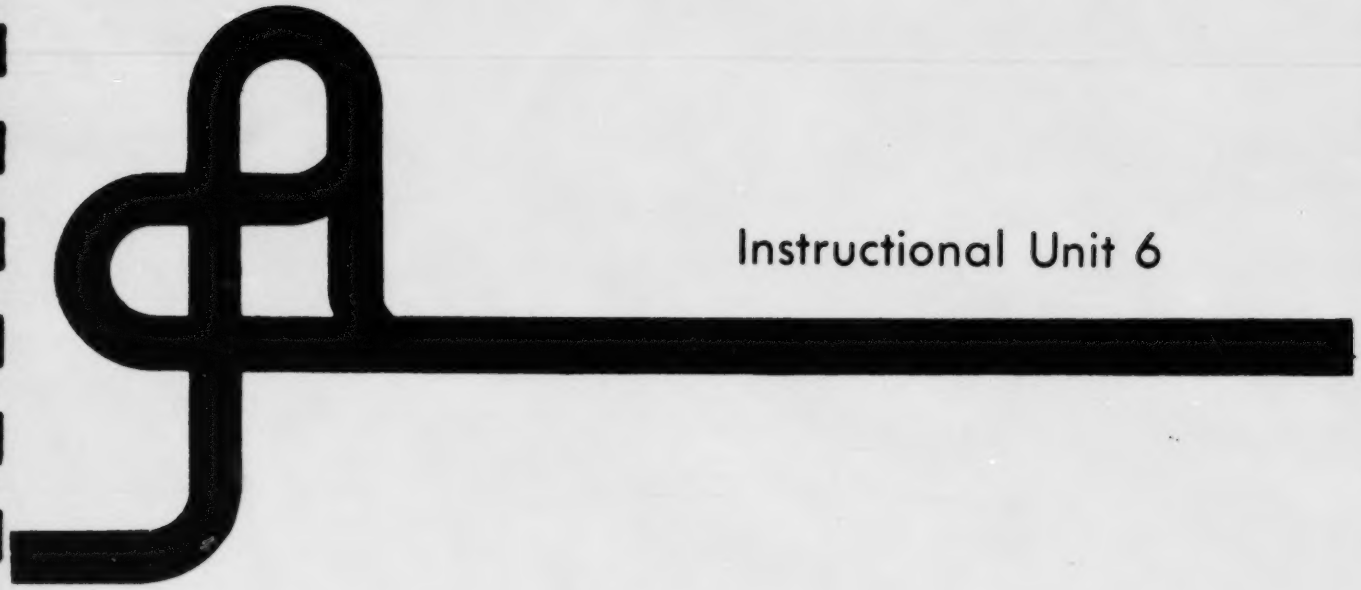
Skills circled are considered to be developmental landmarks.

CODE:

+ = Yes, as stated
(+) = Yes, with adaptations
0 = No, with or without adaptations
? = Noncompliance
/ = Inappropriate for child

Skill	Acq.	Main.	Gen.
1. Avoids hot stove			
2. Avoids electrical appliances			
3. Avoids electrical outlets			
4. Avoids playing with matches			
*5. Avoids broken glass			
6. Knows edibles/ non-edibles			
7. Properly handles sharp objects			
8. Uses tools in appropriate places			
*9. Crosses street			
10. Recognizes safety			
11. Knows playground limits			
12. Performs simple errands			
13. Walks to friends house			
*14. States full name, etc.			

Sample Form



Instructional Unit 6

PRE-ACADEMIC SKILLS

Author: Penelope Eldred

INTRODUCTION

Mainstreaming — What Is It?

In Inservice Unit 5, you were introduced to the term normalization. The normalization principle means that any individual has the right to live as normal a life style as possible. As stated before, a normal life style includes the right to a free public education in our society. If a child is excluded from school due to a handicap, that is a violation of human rights and the normalization principle.

Mainstreaming is the term often used to describe attempts to place handicapped children in normalized educational settings. For example, handicapped children who go outside for recess, go to the lunchroom, and do group activities experience a normalized or mainstreamed education in contrast to children who are inside all day, lie in bed all day, and never interact with other children.

Handicapped children are mainstreamed in varying degrees. For example, handicapped children who interact with non-handicapped children as well as other handicapped children are mainstreamed to a greater degree than those who interact with other handicapped children only. Another term often used in relation to the different degrees of mainstreaming is "least restrictive alternatives". Again, handicapped children who interact with non-handicapped children are in less restrictive alternatives or environments than those who do not. Currently some states, such as Indiana, have legislated a "least restrictive alternative" policy which means that handicapped children should only be removed from normalized or regular classes when absolutely necessary, to the least extent possible, and returned as soon as possible. This means that if it is necessary to place a child in less than a normalized preschool or school-age program, the change in environment should be as little as possible, and the child should reenter less restrictive environments as soon as possible.

In general, the more severe the handicapping condition, the less mainstreamed the child. Children with severe handicaps often are placed in programs with other severely handicapped children to receive special services. Even though these settings are relatively more restricted, there is still an attempt to make sure that the environment is not more restrictive than necessary. Educators of severely handicapped children still try to provide the children they serve as many normalized everyday experiences as possible.

On the other hand, mildly handicapped children are mainstreamed to a greater degree than severely handicapped children. In fact displeasure over the results of segregating mildly handicapped children from their non-handicapped peers is a major factor that led to the current mainstream movement.

There are many different ways children can be mainstreamed. Mainstreaming efforts differ by state, by school systems, by school and even by child. In some cases, children are simply placed in regular classrooms. In other cases, a resource teacher gives some assistance to the child and/or the regular classroom teacher. At this point, no one mainstreaming method has been

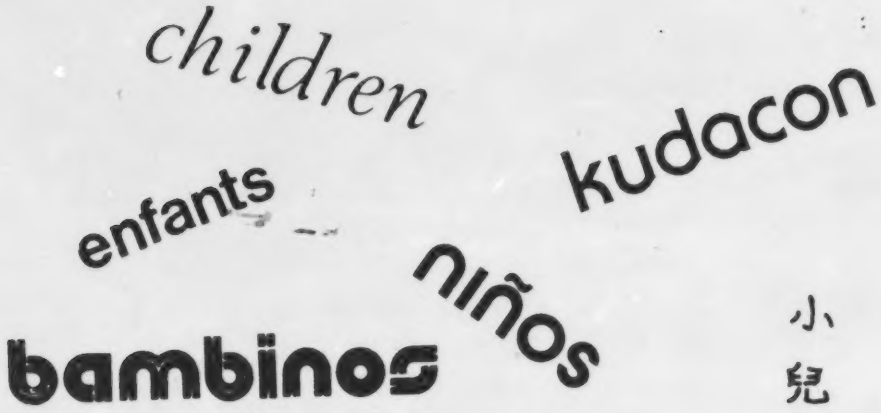
found to be better than any other for all children. The attempt to discover which educational environments are most effective for children under different circumstances continues to be a perplexing problem in special education.

Mainstreaming: A Background

In the middle sixties, educators began to question the benefits of labeling and of segregated classes for the handicapped. Categorizing children was not helpful for understanding the individual child's strengths, weaknesses, and potential, and was not leading to the provision of needed services. Children would be given a standardized IQ test, labeled, and placed in a special classroom with the corresponding label. Such children would be seen rarely, if ever, in a regular classroom again.

Another significant criticism was the charge that traditional labeling practices and segregated special classes discriminated against children from lower socio-economic classes and from minority cultures (Black, Chicanos, American Indians, etc.). By 1960, 60% to 80% of children in special school-age classes were minority culture children or from low income homes. The misuse of the Standard IQ tests was a crucial concern. When the IQ tests were constructed, items for the tests were selected by 60% of children of a particular age group. However, the children used in this country as the standard group for the test in the 1920's were all white, middle-class, and English-speaking. The constructors of the test knew that the inclusion of children of other cultures, classes, and languages, would change the character of the items. They wanted items representative of school-related knowledge and attitudes, i.e., white, middle class and English-speaking. The result is an IQ test that truly is an "Anglo" test. Therefore, children from other cultural situations may lack certain Anglo knowledge or may possess attitudes contradictory to "Anglo" attitudes. A look at some of the items on IQ tests reveals the problem. "Who wrote Romeo and Juliet?" is obviously knowledge of Western cultures. "Where is Chile?" and "What should you do if you find a purse on the street?" would evoke the answers — "South America", and "Give it to the Police" from Anglo children, but may evoke — "on the stove" and "keep it", which are correct answers according to the norms of other culture and/or class situations.

The same problems exist for standardized tests for social and/or emotional adjustment. The tests were standardized on white, middle-class, English-speaking, and emotionally healthy children. Items such as "should you be nice to people you don't like" and "is it nice to thank people who have helped you" will evoke different answers from children from different cultures or different norms. For example, a realistic answer "yes", will be scored as a "wrong" or maladjusted" answer, on some items such as "Do your classmates think that you cannot do well in school?" school?"



Individuals from different cultures do behave differently. For example, one of the differences among cultures is language. Some students may come from homes whose language is different than English. Too often in the past, children of different languages were labeled retarded when the real problem was the inability of the school to take the child's language differences into account. Even within the same language there can be cultural differences. Most often in the past, children of different dialects were told that their language system was "poor", "bad", or "incorrect". Problems such as these occur in other behavioral areas also. For instance, wearing a hat indoors is unacceptable behavior in some cultures but hardly a major issue in others. Reactions to social conflict may especially differ according to cultural backgrounds. Traditionally, these differences between the "Anglo middle-class" school expectancies and the different behaviors of other cultures and/or classes have caused problems for too many minority children. Children were referred for standardized testing because of so-called inappropriate behavior, and these two procedures together led to too many minority and/or low-income children removed from regular educational programs. The outcome is that the child is considered "normal" by her parents and neighbors, but retarded or disturbed in school, i.e. the child is a six-hour retardate. In addition, research studies were indicating that handicapped children placed in special classes were not achieving as well academically as handicapped children of similar abilities who were not taken out of regular grades. Other studies indicated that the social protection of the special class was detrimental to the child's "real world" social adjustment. In essence, they claimed that the value of normal peer interaction outweighed potential harmful results. Other educators simply argued that this form of segregation in a democratic society is unacceptable and like other forms of segregation was inherently unequal. Based upon these arguments, special educators began to propose ways of placing special children in classrooms with non-handicapped peers, yet with supportive services to the children or their teachers. It was hoped that these supportive services would overcome the problems that had initially resulted in the referral of the child for special placement. Mainstreaming is the term used to describe these efforts.

scl

The issues of normalization, mainstreaming, and least restrictive alternatives challenge preschool educators in two ways:

1. Preschool educators must assess the restrictiveness of the current preschool setting.
2. Preschool educators must provide skills so that the child may take advantage of less restrictive settings in the future.

What can be done to make our preschool setting even less restrictive? What opportunities do other children enjoy that the children we serve do not? Are there any adaptations which would permit the children we serve to enjoy these experiences? These are extremely difficult questions to answer realistically. Any creative ideas you can share with the teacher would be most appreciated.

It should be clear that the restrictiveness of the child's educational setting is partly a function of the child's skills. As a rule, the more skilled the child, the less restrictive the setting. Therefore, a major goal of all preschool programs is to provide skills that payoff for the child as they enter the primary grades. Chances of being mainstreamed are increased as children gain academically related skills. This is the importance of pre-academic skill development for the educational team. Children who acquire pre-academic skills in preschool will be able to function better in the primary grades.

OVERVIEW TO PRE-ACADEMIC SKILLS

The area of pre-academic skills involves the use of certain cognitive or intellectual processes. As its title suggests pre-academic skills prepare children for academic skills, such as reading, writing, spelling, and mathematics. Pre-academic training also encourages children to think about the concepts of time and of cause and effect.

In order for a child to develop pre-academic skills, certain abilities in the area of motor language, and social skills are assumed. However, some of these prerequisite skills may have to be modified or adapted for handicapped children, and some may be impossible to attain because of severe motor, language or intellectual handicaps.

Prerequisite skills

1.) *Visual Tracking* is the act of following an object with your eyes as the object moves from one place to another. A simple test for visual tracking is to have the child look at your finger while you move it left to right and back, up and down and in a circle. A child whose ability is defective will have difficulty recognizing sequences, patterns and learning to read. However, children with visual problems may be able to use auditory or tactile means of tracking, that is, use their hearing or sense of touch to discover relationships.

2.) *Hand-Eye Coordination* involves coordinating vision and motor skills to accomplish such tasks as block building, eating and drinking, drawing, coloring, painting and writing. Children with poor coordination may benefit from training in fine motor skills. Unfortunately, not all children can benefit from such training. Many objects can be modified for easier manipulation by children with motor handicaps. Lack of faulty eye-hand coordination means that the child may not have many opportunities to learn by hands-on activities. In some cases, you might guide the child's hands physically until learning occurs, in other cases, instruction may emphasize the use of hearing, vision, smell and taste.

3.) *Grasping and manipulating objects* is a motor skill which includes eye-hand coordination and the ability to open and close the hand and move hand and arm voluntarily. Children who have difficulties with this skill will probably be handicapped in the same areas mentioned above (Hand-eye coordination).

4.) *Object permanency* refers to the concept that an object exists for a child even when she cannot see it. To discover whether this concept exists, you can use any variation of the game "Hide the Button." Show the child an object that interests her, then cover it up or move it out of sight. If she tries to find the object, she can grasp the concept of object permanency — something like the beginning of memory. If she loses interest when the object "disappears," it is probably true that objects only exist for her when she can see or touch them.

5.) *Understanding simple verbal directions.* For handicapped children, this skill includes understanding of verbal and/or nonverbal directions. Obviously adaptions must be made for children who are hard of hearing or severely retarded; gestures, signs, pictures, finger spelling or other modifications may be added or used as needed.

6.) *Imitation of other's actions* requires receptive and expressive language skills as well as gross and fine motor coordination Children learn many things by imitation. It can be an effective way to teach, using yourself, the teacher or other peers as models. Again, some children can be guided physically to imitate behaviors.

The long range goals of pre-academic skills are: 1) to help children use words and/or other symbols to understand others' ideas and to communicate their own; 2) to grasp the concepts of number and color; 3) to perform simple operations such as matching and discrimination; 4) to comprehend causal and temporal relations.

In order to reach these goals, pre-academic skills have been divided into five areas:

1. cause/effect
2. classification/seriation
3. representation
4. numbers
5. temporal relations

1) Cause/effect. A child who recognizes that certain behaviors have certain results is beginning to understand cause/effect. She may shake a rattle or open the top of a Jack-in-the-box repeatedly or attempt to pick up a dropped toy. When a desired object is placed just out of her reach she may crawl, walk etc. to retrieve that object. If she has good fine motor coordination she may wind up a mechanical toy without assistance.

2) Classification/seriation. In preschool, objects can be classified according to size, texture, length, quantity (more/less), volume (loud/soft), colors, and function or use. Seriation refers to the ordering of the objects from the largest, next largest, to smallest, roughest, next roughest to smoothest and so forth.

3) Representation involves the ability to use symbols (pictures, letters, eventually printed words) to represent people, objects or actions. Thus Jeff, in Chapter 3 on Language, learned to communicate his needs by placing cut-outs on the Communication Board: each cut-out or symbol represented a certain action, such as a cup for drinking or a plate for eating. To a certain extent, Jeff had learned the use of symbols.

4) Numbers. Preschool is the place where some children learn the concept of numbers, of one-to-one correspondence and begin the skill of counting.

5) Temporal relations is probably the most abstract concept to teach. Preschoolers cannot see or manipulate past, present or future or even yesterday, today and tomorrow. Sometimes the most that you can do is to teach them something about daily routines; for example, lunch is preceeded by certain activities (hand washing perhaps) and followed by certain activities (nap time possibly). On the other hand, some children may respond to such questions as "What did you do yesterday before lunch?" or "What will you do this afternoon when you get home?"

Pre-academic activities will probably not be appropriate for every child in your preschool. However, for those who can respond, these activities will be fun and rewarding — and also rewarding to you. Remember that handicapped children are not handicapped in every way and that learning can occur through the use of all the senses. A child who cannot hear can often see, touch, taste and smell; a child without vision can learn a great deal by hearing, etc. Before you decide that a child cannot perform certain skills, be sure you have tried different ways of instruction. Every handicapped child deserves a chance to learn to the extent of her abilities — not her disabilities.

THE INSTRUCTIONAL PROCESS: JOAN

Representation

Pre-academic skills in the area of representation were part of Joan's program of speech development (Unit 3), and she had developed some skills as the checklists on the next pages show. Remember that the words were first taught as representatives of objects — the cup of juice and cookie for "drink" and "eat", for example. The next step was to connect the words to actions, those of drinking and eating and so forth. Thus, Joan had a double task: to say the words and understand what actions were to be associated with them. Since the use of verbal expressive language was her major problem, the associations were not difficult to teach. For that reason, the educational team decided that Joan could benefit by instruction on pre-academic tasks. The task selected was discrimination by size; the long range objective was that Joan would correctly order objects by size; from the largest to the smallest. The first short range objective was that Joan would discriminate, using verbal and non-verbal language, big from little 2 out of 3 times correctly, given different sets of 3 objects.

The team assembled a number of matching objects, 1 big and 1 little. Items used were: a doll plate, cup, sweater and chair; a cube and a car. They were compared with ordinary size plates, cups, sweaters and chairs and a large cube and car. The objects were matched so that size would be the only difference. The teacher placed the paired objects on the table in front of Joan, pointed to each one and said "big" or "little." She also used gestures: hands wide apart for "big" and close together for "little."

Name: Tony
Date: 10/4/77
Observer: M Gaines

REPRESENTATION
CHECK LIST

Acq. = Skill Acquired
Main. = Skill Maintained
Gen. = Skill Generalized

Skills circled are considered to be developmental landmarks.

CODE:

+ = Yes, as stated
⊕ = Yes, with adaptations
0 = No, with or without adaptations
? = Noncompliance
/ = Inappropriate for child

Skill	Acq.	Main.	Gen.
1. Indicates familiar objects	+	+	+
2. Matches two sounds			
3. Matches identical objects			
4. Indicates objects by sounds			
5. Matches identical shapes			
6. Matches objects by primary color			
7. Matches picture to object	+	+	+
8. Selects picture of familiar object	+	+	+
*9. Matches action to picture	+	+	+
10. Matches like pictures			
11. Identifies simple shapes			
12. Draws simple shapes			
*13. Recognizes name in print			
*4. Identifies first letter of name			
15. Prints own name from model			
16. Draws numbers from model			
17. Draws figures with two body parts			
*18. Matches letter/numeral with model			

Name: Sara
Date: 11/30/77
Observer: M. Joiner

CLASSIFICATION/SERIATION
CHECK LIST

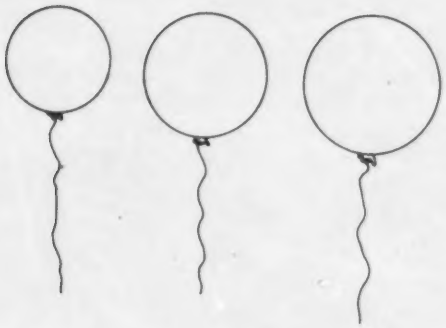
Acq. = Skill Acquired
Main. = Skill Maintained
Gen. = Skill Generalized

Skills circled are considered to be developmental landmarks.

CODE:

+ = Yes, as stated
A = Yes, with adaptations
0 = No, with or without adaptations
? = Noncompliance
/ = Inappropriate for child

Skill	Acq.	Main.	Gen.
1. Discriminates size	A+		
2. Discriminates texture			
3. Discriminates length			
4. Discriminates quality			
*5. Discriminates volume			
6. Names primary colors			
7. Groups by function			
8. Groups by color			
9. Groups by shape			
*10. Groups by size			
11. Orders by size			
12. Orders by length			
13. Orders texture			
*14. Orders by shade of color			
15. Discriminates by touch			



To the team's gratification, Joan tried to say the words as well as use the appropriate gestures. Next the teacher had Joan practice the same skill through a similar short-range objective to be sure the skill was maintained. The objective was: When told, "Show me the one that is big, etc." Joan would point to the correct object, 2 out of 3 times. At first the teacher physically helped Joan to point to the correct object, saying, "Yes, Joan. This one is bigger." Joan took more time and studied the objects more carefully, although she still chose correctly most of the time. But because she appeared somewhat more uncertain, the team practiced this exercise over a longer period of time and included a few of the doll-house items for easier discriminations.

When Joan became comfortable with the second objective, one of her friends was brought to the table as a model for the third objective. He was given 3 cubes of different size and told to "show me the biggest, the next biggest and the smallest." Joan watched while he put them in order and was praised for doing so. Next the teacher rearranged the cubes and ordered them herself. "This is the biggest, the next biggest, and the smallest," she said to Joan pointing to each one. The task was modeled for Joan every day until she could imitate it correctly a majority of the time. Now Joan could complete the objectives using 3 objects.

Once Joan had mastered the skill of ordering similar objects by size, other objects in the classroom were pointed out as "big" and "small" or "bigger than" and "smaller than." Since she had done so well with objects that were alike except for size, objects that were not alike were slowly integrated into the task. With these also, she was eventually successful.

Temporal Relations

One of the hardest concepts to teach young children is that of time: of past, present and future. In fact, the concept is too abstract for many handicapped children. The educational team felt, however, that Joan was ready to be exposed to the concept of routine, that is, the fact that some events happen regularly in some order. Their long range objective for this concept was that Joan would identify the events that happened in her day in the proper order.

The family was contacted to determine what routine activities Joan was involved in at home and in what order they occured. The team requested that they take snapshots of Joan getting up, getting dressed, getting in the car to go to preschool, watching TV after school, having dinner, and getting her drink of water in bed before sleeping. The team took a snapshot of Joan doing morning language activities and then during afternoon free play. The short range objective was: Given 8 snapshots of home and preschool, the child will be able to put the pictures in the correct order without mistake. Two of Joan's friends, Doug and Susan, were given the same objective and the same procedures were followed for their families. Snapshots of the same activities as Joan's were requested for Doug and Susan.

The teacher held up the first picture, getting out of bed, and said "This is getting out of bed in the morning. Show me what you do next." When the children replied, she said, "Good, you get dressed after you get up."

Joan had very little problem sequencing morning events after she grasped what the pictures represented and both she and the other children really enjoyed the picture game.

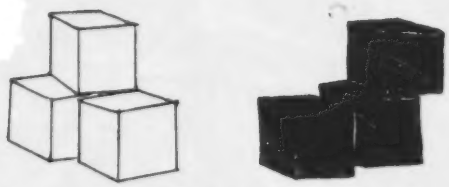
One adaptation was necessary. Doug and Joan had difficulty with the eating dinner picture. After incorrectly placing the picture third several times, the team realized the children thought the picture was breakfast! A picture of lunchtime at preschool was substituted and the problem was quickly overcome.

THE INSTRUCTIONAL PROCESS: JEFF

Not all preschool children are ready to work with pre-academic tasks; for many, the development of personal autonomy skills is more crucial. However, in Jeff's case (Unit 3), cerebral palsy was associated with motor and hearing problems rather than severe retardation. His mastery of the use of the Communication Board in weeks demonstrated that he was eager and able to learn by imitation new concepts and that he could manipulate objects adequately with his hands. Although unable to hear most verbal directions he could follow those given with both a combination of words and gestures. On the following page is a checklist for Pre-academic Skills filled out for Jeff.

Jeff had already accomplished tasks relating to the areas of cause and effect and representation. He knew what each figure represented and that putting certain figures on the board would have certain results. For example, putting up the drink sign would mean that someone would bring him water or juice. He had learned to match figures with objects and figures and signs to actions. The educational team therefore decided to work with him in the areas of classification and use of numbers. Their long range objective was that Jeff would be able to sub-group by colors. The short range objectives were:

1. When instructed to select 3 red items from a set including yellow, green and blue items, Jeff will do so 3 out of 5 times correctly.
2. When instructed to select blue items from a set including yellow, green, and red items, he will do so 3 out of 5 times correctly.
3. Using his fingers, Jeff will count items up to 3 with an adult, 2 out of 3 times correctly.
4. When given 6 blocks, 3 red and 3 blue, Jeff will separate them into 2 sets of 3.



Name: [illegible]
Date: 2/11/1907
Observer: C. Smith

CLASSIFICATION/SERIATION
CHECK LIST

Acq. = Skill Acquired
Main. = Skill Maintained
Gen = Skill Generalized

Skills circled are considered to be developmental landmarks.

CODE:

+ = Yes, as stated
⊕ = Yes, with adaptations
0 = No, with or without adaptations
? = Noncompliance
/ = Inappropriate for child

Skill	Acq.	Main.	Gen.
1. Discriminates size	10		
2. Discriminates texture			
3. Discriminates length			
4. Discriminates quality			
*5. Discriminates volume			
6. Names primary colors			
7. Groups by function			
8. Groups by color			
9. Groups by shape			
*10. Groups by size			
11. Orders by size			
12. Orders by length			
13. Orders texture			
*14. Orders by shade of color			
15. Discriminates by touch			

Name: Jeff
Date: 4/15/87
Observer: C Smith

NUMBER / TEMPORAL RELATIONS CHECK LIST

Acq. = Skill Acquired
Main. = Skill Maintained
Gen. = Skill Generalized

Skills circled are considered to be developmental landmarks.

CODE:

+ = Yes, as stated
(+) = Yes, with adaptations
0 = No, with or without adaptations
? = Noncompliance
/ = Inappropriate for child

Skill	Acq.	Main.	Gen.
NUMBER			
1. Repeats numbers out of sequence	0		
2. Counts/points to 3 objects			
3. Counts/points to 6 objects			
4. Understands concept of one			
5. Puts objects in containers			
*6. Matches 2 sets			
7. Tells more/less			
8. Counts 3 objects aloud			
9. Counts 5 objects aloud			
*10. Counts 10 objects aloud			
11. Counts/Tells how many			
*12. Understands concepts of 2 and 3			
TEMPORAL RELATIONS			
1. Identifies routine events			
2. Recalls recent past			
*3. Recalls major events in distant past			
4. "Long time" and "short time"			

The objects used had to be large enough for Jeff to grasp but small enough to be set in front of him. The team made blocks out of styrofoam and painted them different colors. Two large cardboard squares were also painted red and blue. Again, the activity was begun in a quiet corner of the room to enhance Jeff's residual hearing.

At first, 3 red blocks were placed in front of Jeff. The teacher then held up the red square and said "red" pointing to the square and each block, one at a time. She went through this procedure twice. Next, a blue and yellow block were added to the 3 red blocks. Again she held up the red square but this time she took Jeff's hand and helped him touch each of the three red blocks "saying red, red, red." The action was repeated until when she held up the square, Jeff touched the 3 red blocks independently. A green block was added and the entire process repeated. Both the teacher and the instructional associate worked with Jeff once a day until he mastered the task. When he reached the criterion for *red* the teaching process was begun again with the blue square. Interestingly enough, Jeff learned to discriminate the blue blocks in less time than he needed for the red blocks; apparently he had generalized his skill from the first task to the second.

Counting instruction was more difficult, as the team had thought it would be. Color discrimination is based on vision as well as intellect, but number concepts seemed harder to teach without verbal language. Jeff could see colors in his everyday environment; numbers are not as obvious.

The teacher began by placing 3 red blocks on Jeff's tray, one at a time. As she set each block down, she held up one, two, and three fingers. The blocks were removed and 3 spoons, then 3 cars were substituted while she counted. Jeff looked completely confused and stayed confused during the following days. Nevertheless, the team continued the activity, believing that Jeff would understand with repetition, since he had grasped other concepts with relative ease. But when Jeff frowned and appeared restless at the start of the activity, the teacher and I.A. agreed to modify their plans.

They decided to begin again with the concept of one. This time they brought a friend of Jeff's, Betty, into the activity. Jeff was directed to move his wheelchair next to Betty at the table, and both children were given 3 blocks. The teacher then turn to Jeff, held up the red square and indicated that Jeff was to give her one red block. Since there was only one red block on his tray, and he already understood the instruction "red" he gave her the red block. Both Betty and the teacher clapped and the teacher gave Jeff a quick hug. Again they went through the process, using the blue block which led to more success. Before Jeff could get tired or frustrated, the activity was ended. Later in the day, Jeff was returned to the table and watched Betty and another child "Give me one" several times. Before long, Jeff too was handing one block to the teacher when she held up one finger and pointed to the blocks. When he was successful at that task, the team moved on to "two" and "three," again using the children as models.

Once Jeff had learned to count to three, the separation of red and blue blocks into 2 sets of three was demonstrated by Betty and the teacher. In a short time, Jeff mastered this skill too. He was ready to go on to other colors and other number concepts.

Having a child model the behavior you desire is often successful. Sometimes it is even useful in developing social interaction, since many children are pleased to be able to demonstrate their own competency. However, some children are impatient or just plain "bossy," and thus care is needed in selecting model or helper. Fortunately, most classrooms have at least a few sensitive children who are willing to help others.

ASSIST Activity 1: *Prerequisite Skills* — Unit 6

Objective: To be able to identify prerequisite skills.

Which prerequisite skills are necessary for the following short range goals?

Classification:

1) When given 3 pictures of familiar objects and the objects themselves and asked to match the object with the picture the teacher is holding, the child will correctly match the object by picking it up 2 out of 3 times.

Pre-Academic/Numeration:

2) After an adult counts to 3 while pointing to each object, the child will count and point to the 3 objects in imitation 3 out of 5 times correctly.

ASSIST Activity 1:

1.
a. visual tracking, skills (gross motor)
b. reaching and grasping skills (fine motor)
c. receptive language skills

2.
a. Receptive language skills
b. Expressive language skills
c. Fine motor skills (pointing)
d. Social skills (imitation)

ASSIST Activity 2: *Pre-academic Objectives* — Unit 6

Objective: To be able to classify pre-academic short range objectives.

The following short range objectives are drawn from the 5 pre-academic areas: cause/effect, classification/seriation, representation; numbers, temporal relations.

Match each objective to an area.

1) When asked, the child will choose one object from a set of 3 to 5 objects and give it to an adult 2 out of 3 times.

2) The child will place 3 color samples (same color, different shades) in order from darkest to lightest 2 out of 3 times.

3) When asked about daily routines, the child will know what happens before and after a specific event 2 out of 3 times.

4) The child will match 2 like objects, when presented with 3 objects, 2 out of 3 times.

5) When given 4 pictures of familiar objects and the objects themselves, the child will correctly match 2 of the 4.

6) After watching an object disappear behind a cookie sheet, the child will reach around and obtain the object 2 out of 3 attempts.

ASSIST Activity 2:

1. numeration
2. classification/seriation
3. temporal relations
4. classification
5. representation
6. cause/effect

ASSIST Activity 3: *Materials and Activities* — Unit 6

Objective: To be able to select materials and strategies to reach a short range objective.

Below is a short range objective for the pre-academic skill Classification. What materials would you use and what steps to reach the goal?

Given a familiar object to touch but not see, the child will discriminate what it is 2 out of 3 times by:

a) pointing to one like it
b) labeling it, or
c) showing how it is used.

ASSIST Activity 3:

Answer: Whatever objects are familiar to the child. Examples are a spoon, plate, cup, stuffed animal, block, toothbrush and so on.

Possible steps: 1) Have representative items, pictures, etc. in view
2) Place a similar object in shoebox or paper bag
3) Have child handle it
4) Have child name object by pointing to identical object, picture of object, by verbally naming it or answering yes/no question or by showing you how it is used

ASSIST Activity 4: *Mainstreaming* — Unit 6

Objective: To demonstrate knowledge of mainstreaming content by answering questions correctly.

1. List two important mainstreaming considerations for preschool educators.

2. Fill in the blanks from the word list below.

   a. _____ is the term referring to educators' attempts to devise normalized educational environments.

   b. A child who needs one hour of help from the speech therapist is probably in a _____ than the child who is in a program for the speech impaired.

   c. _____children are generally mainstreamed to a greater degree than _____ children.

   less restrictive alternative
   mainstreaming
   severely handicapped
   mildly handicapped

ASSIST Activity 4

1. Preschool educators must assess the restrictiveness of the current preschool setting.

   Preschool educators must provide skills so that the child may take advantage of less restrictive settings in the future.

2. mainstreaming
   less restrictive alternative
   mildly handicapped; severely handicapped

What are some of the criticisms regarding labeling and segregation of the handicapped? (10 possible answers)

ASSIST Activity 4:

a) Labels not useful for programming
b) Needed services not provided
c) Biased IQ tests discriminated against nonwhite, minority and/or non-English speaking children
d) Tests for emotional adjustment not valid for children with emotional problems
e) Ability of IQ tests to predict low achievement weaker for individual than for groups
f) Inability of schools to recognize and accept cultural differences in language
g) Information that social protection of special children handicapped real-world adjustment
h) Information that some handicapped children achieved better in regular classes
i) Similarity of instructional processes in regular and special classes
j) Belief of some educators that any form of segregation was unequal and unacceptable

Name: _____
Date: _____
Observer: _____

CAUSE AND EFFECT
CHECK LIST

Acq. = Skill Acquired
Main. = Skill Maintained
Gen. = Skill Generalized

Skills circled are considered to be developmental landmarks.

CODE:

+ = Yes, as stated
⊕ = Yes, with adaptations
0 = No, with or without adaptations
? = Noncompliance
/ = inappropriate for child

Skill	Acq.	Main.	Gen.
1. Repeats behavior for interesting result			
2. Retrieves fallen object			
*3. Obtains hidden object			
4. Obtains hidden object (locomotion)			
*5. Obtains object (intermediate object)			
6. Encourages another for interesting results			
*7. Activates mechanical toy			

Sample Form

Name:_____
Date:_____
Observer:_____

REPRESENTATION
CHECK LIST

Acq. = Skill Acquired
Main. = Skill Maintained
Gen. = Skill Generalized

Skills circled are considered to be developmental landmarks.

CODE:

+ = Yes, as stated
⊕ = Yes, with adaptations
0 = No, with or without adaptations
? = Noncompliance
/ = inappropriate for child

Skill	Acq.	Main.	Gen.
1. Indicates familiar objects			
2. Matches two sounds			
3. Matches identical objects			
4. Indicates objects by sounds			
5. Matches identical shapes			
6. Matches objects by primary color			
7 Matches picture to object			
8. Selects picture of familiar object			
*9. Matches action to picture			
10. Matches like pictures			
11 Identifies simple shapes			
12. Draws simple shapes			
*13. Recognizes name in print			
14. Identifies first letter of name			
15. Prints own name from model			
16. Draws numbers from model			
17 Draws figures with two body parts			
*18. Matches letter/numeral with model			

Sample Form

Name: _____
Date: _____
Observer: _____

NUMBER / TEMPORAL RELATIONS CHECK LIST

Acq. = Skill Acquired
Main. = Skill Maintained
Gen. = Skill Generalized

Skills circled are considered to be developmental landmarks.

CODE:

+ = Yes, as stated
⊕ = Yes, with adaptations
0 = No, with or without adaptations
? = Noncompliance
/ = inappropriate for child

Skill	Acq.	Main.	Gen.
NUMBER			
1. Repeats numbers out of sequence			
2. Counts/points to 3 objects			
3. Counts/points to 6 objects			
4. Understands concept of one			
5. Puts objects in containers			
*6. Matches 2 sets			
7. Tells more/less			
8. Counts 3 objects aloud			
9. Counts 5 objects aloud			
*10. Counts 10 objects aloud			
11. Counts/Tells how many			
*12. Understands concepts of 2 and 3			
TEMPORAL RELATIONS			
1. Identifies routine events			
2. Recalls recent past			
*3. Recalls major events in distant past			
4. "Long time" and "short time"			

Sample Form

Name: _____
Date: _____
Observer:

CLASSIFICATION/SERIATION
CHECK LIST

Acq. = Skill Acquired
Main. = Skill Maintained
Gen. = Skill Generalized

Skills circled are considered to be developmental landmarks.

CODE:

+ = Yes, as stated
⊕ = Yes, with adaptations
0 = No, with or without adaptations
? = Noncompliance
/ = Inappropriate for child

Skill	Acq.	Main.	Gen.
1. Discriminates size			
2. Discriminates texture			
3. Discriminates length			
4. Discriminates quality			
*5. Discriminates volume			
6. Names primary colors			
7. Groups by function			
8. Groups by color			
9. Groups by shape			
*10. Groups by size			
11. Orders by size			
12. Orders by length			
13. Orders texture			
*14. Orders by shade of color			
15. Discriminates by touch			

Sample Form

BEGINNINGS

Your *Sourcebook* was dedicated to the process of change. We believe that as an instructional associate, you can be a changing force in the lives of preschool handicapped children. We also hope that through ASSIST you have changed — that through your pre- and inservice training you have gained knowledge and skills to become a complementary and valued person to your teacher.

However, your learning and growth as an instructional associate does not end with this program. ASSIST is only a beginning. You should continue to build on knowledge and skills you have gained from this training. It is through the dedication and enthusiasm of all members of the educational team that a new world of acceptance for the handicapped can be achieved.

SUPPLEMENTARY INSERVICE SESSIONS: Filmstrip Descriptions and Suggested Agendas

SUPPLEMENTARY INSERVICE SESSIONS

The Supplementary Session activities have been included as a means for your team to get together with other educational teams to discuss training problems and to share ideas. Your program director has been encouraged to hold these inservice sessions to give your team a chance to discuss the training free from day-to-day demands. While your team has undoubtedly spent time reflecting upon the ASSIST training and content of the units before these sessions, it is often difficult to find enough time during the preschool week to talk with each other as often as you would desire. Hopefully, these inservice sessions will provide such an opportunity.

Unfortunately, in some programs, supplementary inservice sessions during the preschool week are impossible for the program director to schedule. In these cases, your team may, if you so desire, complete the activities on your own time. We strongly suggest that you do so. It is highly recommended that your team complete the relevant ASSIST chapters before attending the inservice sessions. You will find that these sessions will be more helpful if you do.

Three inservice sessions are suggested. ASSIST has outlined enough activities for each session to be two hours long. By eliminating some activities, or shortening the suggested time blocks, the sessions can be made shorter. By adding activities or extending time blocks, the sessions can easily be made longer. Perhaps it is only possible for your program to have two sessions: one preservice and one inservice. Perhaps only one session is feasible. The schedules for the sessions are quite similar making it easier for your director or team to adjust. By not having to adjust to a new routine each session, you will find that your team will be able to make better use of this time as you progress through the training, also. At all times, feel free, be flexible, modify the sessions according to your situation.

ASSIST FILMS: Preschool

Preservice Filmstrips

FILMSTRIP #1: Overview to *ASSIST III: Preschool*

In this filmstrip an educational team which successfully completed the training, describes the purpose, intent, and outcomes of the ASSIST program. The filmstrip focuses on the role of the teacher as a Program Manager and the paraprofessional as an Instructional Associate with particular emphasis on the variety of materials and media available for pre- and in-service training.

FILMSTRIP #2: Programs in Early Childhood Special Education

This Filmstrip discusses the various handicapping conditions prevalent in special preschool programs. The types of preschool programs which serve handicapped children are also described. The individuality of all children and the need for effective individual educational programs are emphasized.

Inservice Filmstrips

FILMSTRIP #3: The Instructional Process: Burt

A child experiencing mild language and social developmental problems is assessed and programmed for by a Headstart educational team. Emphasis is placed on the need to continuously evaluate the team's efforts.

FILMSTRIP #4: The Instructional Process: Jodie

A child experiencing severe motor problems is working on the personal autonomy skill of feeding. A preschool team demonstrates techniques and strategies developed on the basis of individualized assessment.

SESSION 1: PRESERVICE CHAPTERS

To be most effective, Session 1 should be held early in the training, but after the instructional associate has had time to complete Preservice chapters 1, 2, and 3. Each team member should review the following agenda and come prepared to share and ask questions.

First 30 minutes: Individual team sessions

Each team should meet together to discuss the following questions (Choose the most important for your team):

What is the IA's relationship to other staff members (teachers, therapists, etc.) in our program?

What is the IA's relationship with and responsibilities to the children's parents in our program?

Are there any confusing or important legal matters that our team has not covered?

Is there any confusion or questions regarding the preschool procedures, classroom routines, classroom rules?

Is it clear how we go about rewarding positive child behavior and eliminating undesired behavior?

Does the IA understand the major ideas behind motor, language, social, personal autonomy, and pre-academic development, and how the areas are interrelated?

What is our preschool program's philosphy?

Is there any confusion for the IA regarding how she must implement certain learning activities in the classroom?

What aspects of the ASSIST training have been most helpful so far? Most irrelevant so far? What problems is our team having doing the training? What can we do about them?

Is there any confusion regarding role responsibilities between the teacher and instructional associate at this point?

Second 30 minutes: View the Preservice filmstrip then break into small group sessions

After viewing the filmstrip, each team should split up and meet with members of other preschool teams in small groups. Each small group should select, or perhaps the program director will designate a teacher to lead the discussion. Suggested questions or topics are included below to stimulate discussion. Feel free to discuss other more important concerns.

Suggested small group discussion topics:

1. What problems are various teams having doing the training so far? What can be done to overcome them?
2. Is there any content in the training so far that is really irrelevant? Really helpful? Why?
3. What topics have not been covered yet that really need to be discussed?
4. What particular problems are the teams having in their classrooms that ASSIST has not covered well enough? What can be done to overcome them?

End of first hour — break for 10 min.

Second hour: Large group session — 20 min.

Each group moderator should provide a concise report of the major suggestions and recommendations which their group derived.

Last 30 min.: Individual team sessions

Discuss with each other any new ideas which either team member obtained from the small and large group sessions. Time could be spent discussing any aspect of the training in relationship to your program or particular children in your program.

SESSION II: THE INSTRUCTIONAL PROCESS, MOTOR, LANGUAGE, AND SOCIAL SKILL DEVELOPMENT

Session II should be held after the team has had a chance to complete Inservice Units 1, 2, 3, and 4. Each team member should review the following agenda and come prepared to share and ask questions.

First 30 min.: View the filmstrip "Instructional Process: Burt"

Each team should meet together to discuss the following questions and/or statements. (Choose those most important to your team).

1. Discuss the team assessment efforts in the filmstrip in relation to your team's efforts.
2. Discuss the process of deriving objectives as used in the filmstrip.
3. Is there any confusion regarding our team's objectives for children?
4. Is there any content in Units 1-4 that is particularly confusing? What content has been most helpful? For what children?
5. What circumstances at our preschool are making it difficult for us to derive and implement our educational programs? What can we do to lessen the effect of these problems?

Second 30 minutes: Break into small group sessions as per Session I.

Each team should split up and meet with members of other preschool teams in small groups. Each small group should select, or perhaps the program director will designate a te .cher to lead the discussion. Suggested questions or topics are included below to stimulate discussion. Feel free to discuss other more important concerns.

1. Is the Instructional Process described by ASSIST similar to the instructional process as we know it?
2. What content has been most helpful? Why?
3. Have any teams developed a procedure for the training that really seems to work well?
4. What successful motor, language, or social activities have any of the teams implemented which they would like to share?

End of first hour — break for 10 min.

Second hour: Large group session — 20 min.

Each group moderator should provide a concise report of the major suggestions and recommendations which their group derived.

Last 30 min.: Individual team sessions

Discuss with each other any new ideas which either team member obtained from the small and large group sessions. Time could be spent discussing any aspect of the training in relationship to your program or particular children in your program.

SESSION III: PERSONAL AUTONOMY AND PRE-ACADEMIC SKILL DEVELOPMENT

Session III should be held after the team has had a chance to complete Inservice Units 5 and 6. Each team member should review the following agenda and come prepared to share and ask questions.

First 30 min.: View the filmstrip "Instructional Process: Jodie"

Each team should meet together to discuss the following questions and/or statements. (Choose those important to your team).

1. What particular problems did our team have doing the training?
2. What content was most helpful?
3. What problems is our team experiencing in the area of assessing or programming for personal autonomy or pre-academic skills? For what children? Is each member's responsibility clear?
4. Where do we go from here? Remember ASSIST is only a "Beginning."

Second 30 min.: Break into small group sessions as per Session I

Each team should split up and meet with members of other preschool teams in small groups. Each small group should select, or perhaps the program director will designate a teacher to lead the discussion. Suggested questions or topics are included below to stimulate discussion. Feel free to discuss other more important concerns.

1. What successful personal autonomy or pre-academic learning activities have been implemented that anyone would like to share?
2. What particular instructional problems is anyone experiencing in the personal autonomy or preacademic areas that they would like to share?

End of first hour — break for 10 min.

Second hour: Large group session — 20 min.

Each group moderator should provide a concise report of the major suggestions and recommendations which their group derived.

Last 30 min.: Individual team sessions

Discuss with each other any new ideas which either team member obtained from the small and large group sessions. Time could be spent discussing any aspect of the training in relationship to your program or particular children in your program.